G. R. S. IX-5]

Previous references.

prot def 191-19

1917.

(Samy)

File No. 101-17

Serial Nos. 1, 2, 2. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,

Later references.

Samy 85-18 (142)

Rl 153-2088 1911.

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. Fourteen

Part B for March 19.

SUBJECT.

Rules for combating epidemics in rural as well as in urban areas.

(1013) To,

The Compiler, Imperial Gazette.
No G 21403 dt 26-3-19.

Notifies the above.

(1-B 9/E 1

23/8/19.

W D 1250—GPB—30,000 - 28-1-19

G. R. S. III—1]. 1917-18

GENERAL AND REVENUE SECRETARIAT.

(Sanitary)

NOTES.

File No. 101-17

FILE HEADING.

Rules for Conducting Elections in Rural as well as in Urban areas

From

No.	Dated	Received

Diary No.	Enclos.	Spare Copies.	Serial No.

BRIEF ABSTRACT OF LETTER.

NOTES AND ORDERS.

NOTES—First Sheet.

WD 1232—GPB—20,000—18-11-16

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Letters 13/1/17

Submitted

A draft order and two sets of draft rules for combating cholera epidemic, one for rural areas and another for mul. areas other than city which are to be submitted as directed by 2nd Member.

The rules issued by the Madras Govt. (Hlth Dept) appear to be quite suitable for city which has been already requested to take necessary action in memo No. 4906 dt 29th Jan' 1917. They may now be requested to report what action they have taken in this matter.

The draft rules now suggested may perhaps be forwarded both to the Sr. Surgeon and Sanitary Commr for any remarks they may have to offer in this connection.

Yes WH

Yes. 3 WH 7.1.18

2 4

N.B.—Should routine notes be written on small slips, the notes must be copied or slips pasted on this form.

(Chief Secy) 4/1/18

2nd member

Ord. 5.1.18

Draft submitted

GPB—50,000—5-8-15

Order. 4 Issue. Keep a fair draft in place of the pencil one. 5/1/18

5/1/18

7

G.R.S. III–3]

1809 2

ROUTINE NOTES.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

1

5 To Sanitary Commr with the Government
3700 San 101-17-18 10-1-18
forwards a draft order and draft rules
for Combating epidemics (1) in rural areas and (2) in municipalities
other than City municipalities and requests
opinion in the matter

2

6 To Presidents City Municipal Council
Mysore and Bangalore
3702-3 San 10-17-2 & 4-1-18
Invites attention to Memo No.
4906-16 San 72-16-4 & 29-12-17 and
requests to intimate what action
has been taken

Govt

Govt 1809/2.A

From the President, City Municipal
Council, Bangalore, No 22/831 1/18
With reference to this Office
Memo, No 4906-16 & 29.1.17
San 72-16
states that the Health Officer
has been instructed to submit
suitable draft rules in Kannada
for Combating epidemics of
cholera and that he has been
permitted on the subject

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GRSM. SL.382.

& the draft rules forwarded

to

G.R.S. III–3]

ROUTINE NOTES.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

4087

6. The Senior Surgeon & Sanitary Commr for remarks have not yet been received.

Submitted
5.2.18

Please see my pencil notes on the p.u.d. The matter has not been properly dealt with by the mil dept. What about arranging for spl. staff & storing q'rs in present hospl. and Please invite attention thereto pass and call for spirits.

MK
6/2

Draft submitted
6.2.18

Please see my pencil draft
Put up a clean copy of it.

MK
13/2

Clean draft submitted
13/2

Issue
MK
14/2

3. To, the President City Municipal Council, Bangalore No. 4635 dt 6.2.18
Thanks for early information re. action taken or proposed to be taken by the Municipality with reference to draft rules for controlling the epidemic of cholera.

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GRSM. SL. 382.

WD 1233—GPB—60,000—1-12-16—S.

G. R. S. III-2.

General and Revenue Secretariat.

Sm File No. 101 of 1917-18

Serial No.	
4	From the Senior Surgeon, No. C 422-298-2-1 Submits his opinion on the draft orders & rules for combating epidemics of Cholera in general and municipal areas in the State.
5	From the Sanitary Commissioner, No. C 361-28 13.2.18 Submits that the draft rules proposed for combating epidemics of Cholera are suitable and may be approved and suggests certain alterations.
	11 The alterations suggested by the Sanitary Commr are embodied in the margin of the draft rules. Submitted. 23.2.18
	12 From the President, City Municipal Council, Bangalore. No. 253 & 5.3.18 Submits a copy of the Health officer's memo dated the 25th February 18, reporting on the several points referred to in this office letter No. 4635 & 16.2.18.
	13 No reply has been received from the President City Municipal Council, in spite of this office No. 3702-3 & 16.1.18 referred to in serial No. 2 Draft rules in Kannada as resolved by

Please await replies from the city authorities and remind if necessary. MMS 1/3/18

Meanwhile note in pencil the exceptions taken by Sr. Surgn. MMS 14.3.18

The views of the Senior Surgeon have been noted. 22.3.18

NOTE—Contn. sheet.

Seen MW 29/3/18

G. R. S. III-2]

General and Revenue Secretariat. | Sun File No. 101 of 1917-18

Serial No.

7

The Municipal Council, Bangalore, at its meeting held on the 7th April 1917 have not been received.

From

The President, City M.C., Mysore
Letter No. 176 & 20th April 18.

States that the M.C. and the Health Committee have resolved that leaflets on cholera as suggested by the Madras Govt be got up and distributed to the people.

Submitted for orders.

3.5.18

1. Please make a typed copy as revised in accordance with the suggestions of the S. Surgeon and the Sanitary Commr.

18/5/18

Please make the corrections proposed by the SS & the SC in this and submit for moving — we must be ready a G.O. prescribing rewards for cholera reports to be sent from Villages — in closed paper - G.O. to be issued in the file — 11/5

Submitted

23.5.18

Draft G.O. with the rules previously put up modified as suggested by the Sr. Surgeon & the Sanitary Commr is submitted for orders.

23/5/18

has not been heard yet — attended to.

MR 2 Nov 18/5

* Please number paragraphs correctly & insert a para in each set of rules as indicated.

18/5/18

2.5.18

Please bring up

27/5/18

7 Draft may be approved

Extraordinary Member
2nd Member

4/6/18

4/6

NOTE—Contn. sheet.

G. R. S. III-2]

0735

5

General and Revenue Secretariat. | San File No. 101 of 1917-18

Serial No.	
	18 The Sanitary Commissioner may be asked to submit a set of comprehensive rules applicable to all epidemics, dividing them into parts (1) general rules and (2) special rules applicable to particular epidemics. He was consulted personally as regards this suggestion and he was agreeable to it. 26.6.18
	19 W Draft ready 27.6.18
	20 Draft submitted 28.6.18 21 Done 5.7.18
8	To 22 Sanitary Commissioner. Order No: G-221 dated 5.7.18
	Forwards a copy of draft rules as further revised and regards him to submit a set of Com preventive rules applicable to all epidemics dividing them into 2 parts (1) General Rules 2) Special Rules applicable to particular epidemics.

NOTE—Contra. sheet.

WD A 1789—GPB—60,000—20-3-19—S.

3545

G. R. S. III-2]

General and Revenue Secretariat.

Sm File No. 101 of 1917-18

6

Serial No.	
9	23 From the Sanitary Commissioner, No. G. C 22-3 dated 29.8.18 Submits a set of rules applicable to all epidemics, in two parts, one containing general rules and the other special rules applicable to Smallpox, Cholera & plague. Submitted with reference to para 18 of the note. 2.9.18 Secy Secondary
	Secretary has called for the file in the original above mark 166 7.9.18
	24 Please check with refe original orders issued. The rules & regulations should be modified suitably & the Order drafted — under such 9.10
10	25 To the Law Comm No. 7-8797 dt 14.11.18 Requests that the rules for the rural areas may be separated from those for municipalities and a revised set submitted for the rural area

Just

NOTE—Contn. sheet.

WD A 1789—GPB—60,000—20-8-18—S.

G. R. S. III-2]

(7)

General and Revenue Secretariat.

Secy File No. 101 of 1917.

Serial No.	
D.857	Extract from Dewan's order on file No. E.A.G. 334
G-119.	of 1918 re the Audit of the Sanitary Commissioner
	office Registers.

Secretariat.

The Epidemic rules should be expedited.

No. G.8869.

Sd/- A.R.B.
27/12/1918.

To medical section.

nsre 2/1/19

Lu 3/1/19

NOTE—Contn. sheet.

WD A 1789—GPB—60,000—20-8-18—S.

G. R. S. III-2]

General and Revenue Secretariat.

Sun File No. 161 of 1917-18

Serial No.	
11	From the Sanitary Commissioner, No. G. C 22-7 dated the 28th Dec/18. Submits a revised set of draft rules for combating epidemics in rural as well as in urban areas. 2. The rules proposed by the Sanitary Commr are in accordance with draft rules framed by the Office in connection with the prevention of outbreaks of cholera. In rule 22 the Sanitary Commr proposes that necessary provision should be made in the budget of the Municipal Commrs for epidemic charges calculated on the basis of Rs 1000/- for every 10,000 population, instead of 25,000 of the population as provided in the draft order. Submitted for orders. 8.1.19 Chief Secy 8.1.19 It may be approved Temps Member 27/83/28.1.19. 29 Please see note 20. Subject to Embodied in draft their post facto sanction of this proposal 27.1.19 & Rules. They may or may not be

NOTE—Contn. sheet.

G. R. S. III-2]

8367

(9

General and Revenue Secretariat.

From File No. 61 of 1917-18

Serial No.

available for local purposes and to help the deserving and needy regulated by local conditions

30 What will be the financial effect if Rule 22 upon the lines as in the Ahmednagar Municipality is introduced and what steps will be required to be taken by Municipalities in the matter will be called upon to make

9/2/18

To M. 11/2

31) The above information required (para 30) may be called for from us.

To M. 11/2/19.

Revised

Sub.

32) A copy of the budget estimates of all Municipalities in the State for the year 1918-19 furnishing the required information may if approved, be sent.

33) Yes, a budget copies may be sent. This will show what the

11/2

NOTE—Contn. sheet.

WD A 1789—GPB—60,000—20-3-18—S.

Serial No.

REV. SECRETARIAT
I
17 FEB 1919
D 11185

income and Expenditure of each mehty Inside indicating what amount has been set apart during the current year for epidemic charges. The chief secty may calculate on this statement what each mel. council will have to spend if charges are fixed on the basis of population.

MK
13/2/19.

To Chief Secty
Medl & Sanry Sections

Recd. 17/2

34) Subd with a statement called for in para 30 of 1911 (688) 1912 19/2/19

35) Statement put up Subd for orders

Temp. Member) D. M. 21/2

3220 22.2.19

36) The rules may issue fixing the scale of pay for mehs &c.

Secy
23/2

37) Memo put up D. M. 28/2

38) Draft submitted.

Perhaps this has to be submitted to the Dewan.

4.3.19. 39) to the Dewan.

4.3.19

3447 4/3

40) Draft order Subd for approval

Temp. Member) D. M. 4/3

41) Approved

Secy

NOTE—Contn. sheet.

WD, A 1789—GPB—60,000—20-2-18—S.

G. R. S. III-2.

General and Revenue Secretariat.

File No. 101 of 1917.

Serial No.

4) May perhaps be submitted to Dewan for perusal before issue. Kind regret is invited to Dewan's orders on 27.12.18

To M. 10/3

Chief Secy

Dewan)

10/3

To M. 4/3

5-3-19.
12-3-19.

3) This has been delayed long. The rules may issue. —
The draft rules and papers on file specify the duty imposed on these important matters.
The rules should be issued in the gazette in Eng & Vernacular & embodied in Mlyg manual and 4 manual

To take action accordingly
To M. 15/3

4) 14/3

To M. 15/3

5) Submitted with a draft notifying the rules

24/3/19

12 To the Secy Comm.
4) The Rev Comm.
The Eng Comm & Offs.

SECTION

NOTE—Contn. sheet

G. R. S. III-2]

General and Revenue Secretariat. | Sanc. File No. 101 of 191 7

(12)

Serial No.

The Presidents of Dt Boards
The Comptroller
The Presidents of the City Municipal Cls.
of Bangalore & Mysore.
The President Sany Board Kolar.
The Dy Comrs of Dts for Communication
to the Presidents of Municipalities.
The President of the Shimoga Municipality
thro' the Dy Comr Kadur &c /

No G 2137 1-402 Dd 25. 3. 19

Approves ~~the rules~~ / with slight modification the rules proposed by the Sany Comr.

13. 47 To the Compiler Mysore Gazette.
No G 2 1403 Dd 26. 3. 19.
Notifies the rules for combating epidemics in rural as well as in urban areas.

NOTE—Contn. sheet.

G.R.S.31] Fair draft

GRSM. 427

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE,

GENERAL AND REVENUE SECRETARIAT

No. 3700-1 Sani 10/17-1 Bangalore, Dated 16.1.18 191 8

From C. S. BALASUNDARAM IYER, Esq., B.A.,

Chief- Secretary to the Government of His Highness the Maharaja of Mysore,

To

The Senior Surgeon in Mysore.

" Sanitary Commissioner in Mysore.

SIR,

I am directed to forward herewith a draft order and draft rules for combating epidemics of cholera (1) in rural areas and (2) in municipalities other than City Municipality and to request you to be so good as to favour Government with your opinion in the matter at an early date.

I have the honor to be,

Sir,

Your most obedient servant,

Fair draft

for Chief Secretary to Government.

TMK3.

Proceedings of the Government of H. H.
the Maharaja of Mysore.

---oOo---

Order :-- 3700 - Misc - 10-1-17

Dated Bangalore, the 17th Jan 1917.

In Government Memo No. 4906-16/San. 70-16-4 dated 29th January 1917 a copy the Madras Government Order No. 1658 M dated 21st September 1916 was forwarded to the Deputy Commissioners of Districts and Presidents of the Bangalore and Mysore City Municipal Councils for consideration and favour of needful action in consultation with the local bodies concerned. Apparently no action has yet been taken in this important matter and no - - - - suggestions have yet been received regarding the applicability of these rules or their adaptability to the conditions prevailing in the State.

The necessity for prescribing some general rules for the guidance of local officers and local bodies to deal - - - - systematically with any outbreak of the epidemic has been engaging the consideration of Government for some time. During the recent outbreaks of the epidemic in the Mysore District and Mysore City and to some extent in Bangalore City also, it was observed that much time was lost in correspondence for organising the

adoption

15

adoption of necessary preventive and protective measures which should have under other circumstances been done automatically and with as little delay as possible. With a view to systematise the work and fix the responsibility in such cases on the proper authorities, Government are pleased to issue the rules appended to this order ~~and~~ the ~~main~~ principle object in issuing these rules ~~is~~ being to show how a cholera campaign should be organised and carried out. It will be seen that the main questions that require to be attended to during an outbreak of the epidemic are -

(1) An effective organisation to ~~combat~~ control the disease

(2) Ready provision for segregation, disinfection and observation

and

(3) Prompt medical assistance.

S. Government have in their order dated 21st November 1917 laid down that all charges connected with the prevention of the spread of cholera should be met by the local bodies concerned, and it is the duty of the Presidents of Municipalities and District Boards to make suitable provision before hand so that the necessary facilities are readily available when any occasion arises for their use. Early action should therefore be taken by the Presidents of Municipalities and District Boards to see that arrangements are made

in

16

in consultation with the departmental officers, if necessary, for the storage of the required quantity of disinfectants, provision of medicine chests, and for the ~~entertainment~~ training wherever convenient of a suitable staff for preventive work.

Government have already invited the suggestions of the various local bodies in their order dated 10th November 1917 regarding the employment of Sanitary Inspectors in each Taluk and Subtaluk and in some of the bigger Municipalities. The attention of the Sanitary Commissioner is invited to this order and he is requested to submit proposals for the entertainment of 8 reserve Sanitary Inspectors in the Department whose services may be lent to local bodies when necessity arises and each of whom may be attached to District Sanitary Officers for general sanitary work in each district, when not on special duty.

The attention of the Senior Surgeon is invited to Government Order dated 14th December 1917 and he is requested to make early arrangements to have in reserve a fair number of Sub Assistant Surgeons trained in modern methods of treating cholera patients and to see that each District Head Quarter Hospital outside Bangalore and Mysore Cities is provided with a Sub Assistant Surgeon trained in cholera

17

cholera work who will be readily available for work in the District when necessity arises. He is further requested to - - arrange for providing the Amildars and Deputy Amildars and Presidents of all Municipal Councils with medicine chests and disinfectants on a standard principle together with a set of printed instruc - tions in English and Kannada as early as possible, the cost being recovered from the local bodies concerned.

A The Senior Surgeon is of opinion that it is necessary to provide non-professional persons like Amildars & presidents of Municipal Councils with medicine chests in case the Medical Officer knows the approach with necessary medicines and attend to the sanitation every municipality & Taluk & forward Headquarters & many important stations are provided with dressers in charge & Qualified Assistant Surgeons.

A

B The Senior Surgeon states that the determination of the standard of disinfectants to be supplied and the issue of instructions for their use are matters within the province of the Public Health Department.

MK 27/2 Chief Secretary

18

Rules for combating Epidemics of Cholera in other than City Municipalities.

---

1. The responsibility of taking prompt and effective measures for preventing the spread of cholera devolves on the Presidents of Municipal Councils in all Municipal areas.

2. The Presidents of Municipal Councils should arrange to obtain the earliest possible information of every attack of cholera within the Municipal limits or in close proximity to the Municipality.

3. On receipt of the first report of such attack, the President should send immediate information to

(1) The Medical Officer in charge of the Local Dispensary if there is one, or the nearest Dispensary.

(2) The President of the Taluk Board

(3) The District Medical Officer.

(4) The District Sanitary Officer.

(5) The Amildars of the adjoining Taluks

(6) The Deputy Commissioner of the District.

(7) The Sanitary Commissioner in Mysore.

4. In Municipalities where there is neither a Sanitary Inspector nor a Medical Officer, the President shall personally see to the carrying out of disinfection and other preventive measures as well as the purification and protection of drinking water sources. In other Municipalities

19

Municipalities this work should be attended to by the Sanitary Inspector under the orders of the President.

5. It shall be the duty of the District Medical Officer to arrange for the treatment of cholera cases in Municipalities where there are no hospitals. In other cases the Local Medical Officer should render the necessary medical assistance. Should however the epidemic assume a - - serious aspect, the President should - - apply to the District Medical Officer for an extra medical officer, and the latter officer shall make the necessary arrangements after inspecting the locality if necessary.

6. The President should have in the Municipal Stores a sufficient quantity of disinfectants and the necessary apparatus for carrying out disinfection the nature and quantity of the articles to be stocked being determined in consultation with the Sanitary Commissioner. He should see that the disinfectants are kept in a good condition always.

7. The President should obtain from the Senior Surgeon a few medicine chests - - containing cholera remedies with a clear set of instructions in the Vernacular for administering them and keep them in the Municipal Office. These chests may be given to the Sanitary Inspector or other responsible

20

responsible official of the Municipality for being used when necessity arises pending the arrival of a Medical Officer.

8. The President should if necessary appoint temporary staff consisting of one Peon on Rs. 8/- and not more than 2 Totis on Rs. 7 for every thousand of the population for observation and preventive work and preferably drawn from the existing Sanitary Conservancy staff, their places being taken by temporary hands. It is desirable that in each Municipality some permanent hands should be trained in the special work of disinfection and observation. The special staff should work under the orders of the Local Medical Officer or such other person as the President may appoint.

9. It shall be the duty of the special staff to patrol the whole of the Municipality constantly and systematically and obtain the earliest information of every attack of cholera or even severe diarrhoea The staff should also be employed in removing with the aid of the ordinary conservancy establishment all defects in sanitation which would favour the dissimination of the cholera microbe. The first duty of the staff should be to disinfect suspected sources of water supply.

9.A. The Preventive Staff should visit every house in which cholera has occurred and shall use the greatest care in seeing that

that all choleraic vomit and excreta are at once collected mixed with saw dust, paddy husk or other combusible matter with which ~~carbolic~~ carbolic acid has been mixed in proportion of one in ten and where necessary with kerosine oil and burnt on or near the premises.

B. Rags stained with vomit or excreta should be burnt on the spot full compensation being given in the case of the really poor, clothing and bedding being boiled in disinfectants and returned.

c. After a case of cholera the house and especially the room occupied by the petient, the floors, the walls and the furniture should be thoroughly disinfected (in the manner the Sanitary Commissioner may direct) and all drains which discharge into the open should be flushed with perchloride solution.

10. Arrangements should be made by the President to give wide publicity to the precautions to be taken against cholera. A set of these precautions has been printed as an annexure to the rules which may be got translated and printed copies being kept ready for distribution free of cost when the occasion arises.

11. The greatest courtesy and consideration should be shown to all classes by the preventive staff when carrying out

their

22

their work. The Municipal servants should render all assistance to the special staff constitutely with their ordinary duties in obtaining information of fresh attacks and in removing sanitary defects.

12. The construction in ~~each~~ one place at least in each Municipality and preferably in an isolated portion of the local hospital one or more isolation wards with separate accommodation for males and females, for the treatment of those who desire treatment and who are brought there, is recommended for the consideration of the Municipal Councils. The Wards when constructed should be in charge of the Local Medical officer and should be supplied with equipment medicines and medical comforts, and may also be availed of when epedemics other than cholera occur. +

+ The Sanitary Engineer suggests that the cost of the construction of these wards should be borne by the local bodies Concerned.

13. The preventive staff may be continued for 2 weeks after the last case has occurred and should then be disbanded.

14. The President should submit after a fortnight after the epedemic has completely ceased a complete report of the outbreak of the epedemic and measures taken to combat it (to the Deputy Commissioner of the District and also to the Sanitary Commissioner.)

The Sanitary Engineer who will submit the above suggestions for the information of Govt.

15. Necessary provision should be made in the budget of Municipal Councils for cholera charges, calculated on the basis

of

of Rs. 1,000 for every 25,000 of population.

16. When it is not possible in any Municipality to carry out these rules in their entirety they should be applied in consultation with the Deputy Commissioner as fully as is practicable.

10 1071

Rules for combating epidemics of - - cholera in rural areas.

The presidents of the Civil Courts in all the principal towns of Talukas & Deputy Talukas in other towns are responsible for the prompt effecting measures & preventing & checking of cholera

1. The responsibility of taking prompt and effective measures for preventing the spread of cholera and stamping it out devolves on the Amildars and Deputy - - Amildars of Taluks and Sub Taluks who will be assisted by the Sanitary - - - - Inspectors attached to the Taluks or Sub Taluks.

2. The earliest possible information of every attack of cholera should be conveyed to the authorities. The Patel or in his absence the Shanbhogue should as soon as the first case occurs in any village submit by express messenger a report to the Amildar or the Deputy Amildar and another to the Medical Officer in charge of the nearest dispensary.

3. The Patel or in his absence the Shanbhogue pending the arrival of superior officers shall notify to the villagers the expediency of following the elementary Sanitary Rules (~~issued by the Sanitary Commissioner in March 1912~~ printed as an annexure to these rules) and make arrangements to see that the Sanitation near the infected locality is carefully observed.

4. The Amildar or the Deputy Amildar on receipt of the first report shall send immediate

immediate information

(1) to the Medical Officer in charge of the nearest dispensary,

(2) to the Presidents of Municipal Councils in the Taluk,

(3) to the District Medical Officer,

(4) to the District Sanitary Officer,

(5) to the Deputy Commissioner of the District,

(6) to the Amildars of adjoining Taluks,

(7) to the Sanitary Commissioner

and after having done this, he shall, if the Medical Officer or the Sanitary - - Inspector has not already proceeded to the village and personally see to the carrying out of disinfection and other preventive measures as well as the purification and protection of drinking water sources. He may leave the village before the arrival of a Medical Subordinate or Sanitary Inspector in case the Hobli Sheikdar is left in the village to carry out his instructions.

4. If the epidemic breaks out in more than one village at the same time and the services of the Sanitary Inspector and the Medical Subordinate are otherwise fully employed, the Amildar shall apply without loss of time to the District Medical Officer for medical assistance and to the Deputy Commissioner for additional Sanitary staff, making suitable arrangements for employing a temporary gang for disinfection and observation work if necessary. The Presidents of Taluk Boards -- should

should also train some of the permanent conservancy staff in disinfection work, so that they may be deputed for cholera work in rural areas, their place being taken by the temporary gang employed for cholera work. Similarly Amildars and Deputy Amildars should have local men trained for the purpose in important - - villages through the Sanitary Inspectors.

5. The Deputy Commissioner and President of the District Board should see that each Taluk Office is supplied with a sufficient quantityof disinfectants, and a sufficient number of medicine chests, the quantity and number of these articles being fixed in consultation with the Sanitary Commissioner and the Senior - - Surgeon. Each medicine chest should contain in the vernacular a complete set of instructions for giving medical aid to the cholera patients as well as for the use of disinfectants. The Amildar or the Deputy Amildar should see that there is always a sufficient stock of disinfectants and medicines in the Taluk.

6. Disinfectants required for each Taluk should be stored in the dispensary at the Headquarters of the Taluk and it shall be the duty of the Medical Officer in charge immediately on receipt of first information to send to the affected - - village a sufficient quantity to be delivered to the Patel or to the Sanitary - -

Inspector

27

Inspector or to such other person as the Amildar or the Deputy Amildar may direct. If he also receives orders to proceed to the village he shall take with him both disinfectants and the required medicines. In the case of villages with a population of over 1,000 it is desirable that the Amildar or Deputy Amildar should arrange to leave with the Patel or the Chairman of the Village Panchayat as the case may be of such village, a sufficient quantity of disinfectants and a couple of medicine chests with a clear set of instructions for their use. The medicine chests - - supplied to the Taluk may be kept in the Taluk Office.

7. Special measures should be taken to clean the affected villages to burn all rubbish and to protect the well or wells from which t he drinking water is obtained by hankenising in accordance with the instructions contained in the medical circular (issued by the Senior Surgeon and Sanitary Commissioner to the Govt. of Mysore) wherever there is no opposition, and otherwise by appointment of a watchman for the drawing of water so that it may not be contaminated by the indiscriminate use of private receptacles. As a general precaution all wells in Taluks should be hankenised thoroughly once during the hot weather whether there is cholera or not before the rains set in.

annexed hereto. (Flag T)

(~~This book has to be sent~~

+ If Cholera occurs in a particular village, the wells in the villages within a radius of 5 miles should be disinfected by Sanitary permanent.

8. In

8. In cases in which the attack of cholera proves fatal it shall be the duty of the Patel to see that the infection does not spread during the disposal of the dead, special measures being taken as far as possible to burn on the spot all rags clothes and stained bedding etc., and if necessary to give compensation to the poor for such destruction.

9. Daily reports which shall continue for a week after the outbreak ~~xxxx~~ has subsided, shall be submitted by the Patel.

10. Should the epidemic unfortunately assume a serious aspect in any village or group of villages the following measures should be promptly taken by the Deputy Commissioner and President of District Board ~~s~~ -

(1) A trained Sub Assistant Surgeon should be requisitioned and posted to the affected area, such area being also visited by the District Medical Officer and the District Sanitary Officer.

(2) A special Sanitary Inspector should be posted to the locality with a temporary gang of coolies and a maistry over them.

(3) The Amildar should make immediate arrangements for the evacuation of badly infected villages and provide facilities for the villagers to camp out.

(4) Make arrangements to see that - - streams and water courses are not contaminated

29

contaminated by the villagers of the affected villages.

(5) The special establishment should remain in the area and attend to the sanitation of villages for a week or ten days after the epidemic has disappeared.

2½-4½ 30

G. R. S. VI—G/32]

SUBJECT.....

.....

.....

Diary No. of letter replied to .....

GENERAL AND REVENUE SECRETARIAT

( )

, the *191* .

Date of issue 14.1.18

Signed by J.M.B.T. Kesava Rao Esqr

Section
File No.
Serial No.

No. 3702-3
Secy VI-17-2
8.1.18

To

The President, City Municipal
Council, Bangalore

12/-D- Mysore

Sir,

I am directed to invite
your attention to the Office
Memorandum No. 4906-16-8
Secy 72-16-4
the 29th January 17, forwarding
for consideration and necessary
action, a copy of Government
order in regard to framing
rules for regulating the action

over. 6

1st 2nd 3rd

to be taken in combating the disease
of Cholera in Municipal areas and
to request you to be so good as to
intimate what action has
been taken in the matter.

I have
the
Sir
Your
Obedient Servant

List of enclosures.

Copied by

Examined by

W.D86—G.P.B.—60,000—15-11-16

32

B. M. 109]

D 1809

Serial 101-17-2A

OFFICE OF THE PRESIDENT,
MUNICIPAL COUNCIL,
BANGALORE CITY, DATED 30th January 1918.

FROM

DEWAN BAHADUR RAJA SABHA BHUSHANA
K. P. PUTTANNA CHETTY, ESQ., C.I.E.,
Honorary President, Municipal Council,
Bangalore City.

To

Chief
The Secretary to the Government of
His Highness the Maharaja of Mysore,
~~*General and Revenue Departments,*~~
Bangalore.

SIR,

Adverting to your letter No. 3702-3/San. 101-17-2 dated 10 instant regarding the introduction of rules for regulating the action to be taken in combating epidemics of cholera in Municipal area, I have the honor to state that the Health Officer has been instructed to submit suitable draft rules in Kannada as resolved by the Municipal Council at its meeting held on the 7th April 1917. A copy of the resolution is herein enclosed. I have reminded him.

During the recent out break of cholera in the city the Health Officer framed some simple rules in English and Kannada (vide copy enclosed) regarding the precautions to be observed on the approach of cholera. A large number of printed copies were distributed broad-cast among the inhabitants.

I have the honor to be,

Sir,

Your most obedient servant,

K P Puttannachetty

Honorary President.

GPB—2,000—20-8-13

1917–18.

From The Honorary President
Municipal Council
Bangalore city

To The Chief Secretary to
the Government of Mysore
Bangalore

Dated 30th January } 1918.
Despatched 1st February }

Received 5786

General No. 221. FEB 1918
No.

Enclosure No. 3 - Mk

Reporting the action taken on a copy of Madras Government order regarding the revised rules for regulating the action to be taken in Combating epidemics of Cholera in Municipal areas

The pt. is noted in the Registry of Med.-Dept. The chief idea in sending the Madras Govt. order was that arrangements for combating epidemics should be made.

MK

BANGALORE CITY MUNICIPALITY.

No. XIV.

Proceedings of an Ordinary General Meeting of the City Municipal Council, Bangalore, held in the Council Chamber, City Municipal Office on Saturday the 7th April 1917.

P r e s e n t .

Dewan Bahadur Rajasabhabhushana
K.P. Puttanna Chetty, Esquire, Honorary President.
R. Subba Rao, Esq., M.B., C.M., L.S.Sc., Vice President.
F. Fernandes, Esq., L.R.C.P. & S., L.F.P. & S., Health Officer.

C.V.Narasimhiengar,Esq,B.A.,B.L.
D.B. Ramachandra Mudaliar,Esq.
B. Chinnaswami Chetty, Esq.
M. Basavayya, Esq., B.A., B.L.
M. Ramachandra Rao Sindhe, Esq.
B.V. Ramaswami Chetty, Esq., B.A.
S. Venkatarama Iyer, Esq., B.A.
D. Adeppa, Esquire.
G.Siddaveerappa, Esq.
B.K. Garuda Char, Esq.
D.V. Gundappa, Esq.
B. Usman Khan, Esq.
M. Subbayya, Esq., B.A.
S. Venkatrangiengar, Esq.
K.S. Krishna Iyer, Esq., B.A.

A b s e n t .

Revd. D.A. Rees.
Father P.M. Briand.
N. Surappa, Esq.
M. Abbas Khan, Esq.
H. Ramaiya, Esq.
M.K. Krishnamurthi Rao, Esq.
D. Venkatramayya, Esq., B.A.

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6. General Secretary's Official memorandum No. G.4906-16-4 dated the 29th January 1917, forwarding for consideration copy of Madras Government Order No. 1658-M dated the 21st September 1916, laying down revised rules for regulating the action to be

taken

taken in combating Epidemics of Cholera in Municipal areas.

Resolution.- Recorded. The Health Officer is requested to frame suitable rules in Kannada with due regard to local needs.

Sd/- K.P. Puttanna Chetty,
Honorary President.

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* C. O. P. Y. *

For Hon: President.

C.R.G.

Precautions to be observed on the approach of

CHOLERA.

A. Habitations.

1. Each house must be thoroughly cleaned, that is, all manure, dirty water washings of cattle stalls and collection of dirt of any description must be completely removed.

2. Where the earth remains damp and foul after such removal, it should be dug up till dry and clean earth is reached.

3. The old earth should be taken far from the town and may be used as manure for the fields; new earth from a clean place should be laid down.

4. The interior and exterior of houses should be whitewashed. If persons cannot afford to do the outside, the inside at least should be whitewashed.

5. Bundles of clothing and other materials hanging from the beams, or occupying in any other way the rooms in which persons sleep, should be removed.

6. Doors and windows should at all possible hours be left open, so that free ventilation be obtained.

7. If private latrines are used, they must be kept free from fæcal matter by removal at least twice daily.

8. The drains leading from houses should be cleaned twice daily.

9. Cess-pools and pits for receipt of urine of cattle should be emptied daily.

B. The person.

1. The body and clothing should be kept scrupulously clean. If delicate, persons should use warm, not cold, baths.

2. The food should be plain, nourishing and of good quality.

3. All vegetables, or leaves, or fruits, likely to cause diarrhœa, should be abandoned.

4. All forms of drinking to excess, debauchery, late hours of exposure to wet and cold, should be avoided.

5. Cold cooked food should never be used. Care should be taken not to allow flies to settle upon food. Vegetables and leaves should never be eaten otherwise than after cooking. Before being cooked, they should be well washed in water that has been purified by boiling. Salt should be freely used with the diet; but, on the other hand, it must not be used in such unusual amounts as to excite uneasiness or looseness of the bowel.

6. An inferior quality of water should not be kept in the house; only the cleanest available should be employed.

7. Water for drinking purposes and for washing the mouth or eating and drinking vessels, and milk should be boiled before use.

8. No purgatives should be taken.

9. Any tendency to diarrhœa should at once be checked by the taking of appropriate medicines; and persons having more than two motions in twenty-four hours should take this precaution.

10. No fear should be felt, nor should the subject of Cholera be constantly thought or spoken of.

F. Fernandes.

Health Officer, Bangalore City.

ಕಾಲರಾ ಅಥವಾ ವಾಂತಿಭೇದಿ ಜಾಡ್ಯ

ಹರಡುವ ಸಂಭವವುಂಟಾದಾಗ ಅನುಸರಿಸಬೇಕಾದ ಮುಂಜಾಗ್ರತೆಯ ಕ್ರಮಗಳು.

ವಾಸಸ್ಥಳಗಳ ವಿಚಾರ.

1. ಪ್ರತಿಮನೆಯನ್ನೂ ಸಂಪೂರ್ಣವಾಗಿ ಶುಚಿಯಾಗಿಟ್ಟಿರಬೇಕು, ಅಂದರೆ ಅದರಲ್ಲಿನ ಗೊಬ್ಬರ ಕೊಳ್ಳೀನೀರು, ದನದ ಕೊಟ್ಟಿಗೆ ತೊಳೆದ ನೀರು, ಮತ್ತು ಎಲ್ಲಾ ತರದ ಕೊಳೆ, ಇವುಗಳನ್ನು ಪೂರ್ತಿಯಾಗಿ ತೆಗೆದುಹಾಕಬೇಕು.

2 ಮೇಲ್ಕಂಡಂತೆ ಕೊಳೆಯೆಲ್ಲಾ ತೆಗೆದು ಹಾಕಿದನಂತರ ಮನೆಯ ನೆಲವು ತ್ಯಾವವಾಗಿಯೂ, ಹೊಲಸಾಗಿಯೂ ಇದ್ದಲ್ಲಿ, ಒಣಗಿದ ಮತ್ತು ಶುದ್ಧವಾದ ಮಣ್ಣು ದೊರೆಯುವ ವರೆಗೂ ಅಲ್ಲಿನ ಮಣ್ಣನ್ನು ತೋಡಿ ತೆಗೆದು ಹಾಕಬೇಕು.

3 ಅಂತಹ ಹಳೇ ಮಣ್ಣನ್ನು ಊರಿನಿಂದ ದೂರಪಾಸಲೆಗೆ ಸಾಗಿಸಿ ಅದನ್ನು ಹೊಲಗಳಿಗೆ ಗೊಬ್ಬರ ಕ್ಕಾಗಿ ಉಪಯೋಗಿಸಬಹುದು. ನಿರ್ಮಲವಾದ ಸ್ಥಳದಿಂದ ಹೊಸ ಮಣ್ಣನ್ನು ತಂದು ತೋಡಿದ ಸ್ಥಳಕ್ಕೆ ಭರ್ತಿ ಹಾಕಬೇಕು.

4 ವಾಸದ ಮನೆಗಳ ಒಳ ಭಾಗಕ್ಕೂ ಹೊರ ಭಾಗಕ್ಕೂ ಸುಣ್ಣ ಬಳಿಸಬೇಕು. ಹಾಗೆ ಮನೆಯ ಹೊರ ಪಾರ್ಶ್ವ ಸುಣ್ಣ ಬಳಿಸಲು ಚೈತನ್ಯವಿಲ್ಲದವರು ಮನೆಯೊಳಗಡೆಯಾದರೂ ಸುಣ್ಣ ಬಳಿಸಬೇಕು.

5 ಮಲಗುವ ಕೊಠಡಿಗಳಲ್ಲಿನ ಬಟ್ಟೆಗಂಟುಗಳನ್ನೂ ಮತ್ತು ದೂಲಗಳಲ್ಲಿ ತೂಗುಹಾಕಿರುವ ಅಥವಾ ಇಟ್ಟಿರುವ ಏಲ್ಲಾ ಪದಾರ್ಥಗಳನ್ನೂ ತೆಗೆದುಹಾಕಬೇಕು.

6 ಗಾಳಿಯು ಧಾರಾಳವಾಗಿ ಬರಲು ಅನುಕೂಲಿಸುವಂತೆ ಬಾಗಿಲುಗಳನ್ನೂ ಮತ್ತು ಕಿಟಕಿ ಗಳನ್ನೂ ತೆರದಿಟ್ಟಿರಬೇಕು.

7 ಮನೆಗಳಲ್ಲಿ ಪಾಯಿಖಾನೆಯಿದ್ದಲ್ಲಿ, ಅಲ್ಲಿನ ಅಮೇಧ್ಯವನ್ನು ದಿನಕ್ಕೆ ಎರಡು ಸರ್ತಿಯಾದರೂ ತೆಗೆಸಿ ಪಾಕಾಗಿ ಇಟ್ಟಿರಬೇಕು.

8 ಮನೆಗಳಿಂದ ಬರತಕ್ಕ ಬಚ್ಚಲುಗಳನ್ನು ದಿನಕ್ಕೆ ಎರಡುವೇಳೆ ಪಾಕ್ ಮಾಡಿಸುತ್ತಿರಬೇಕು.

9 ಬಚ್ಚಲು ಗುಂಡಿಗಳಲ್ಲಿನ ಮತ್ತು ದನದ ಗಂಜಲ ಕೂಡಿಡುವ ಗುಂಡಿಗಳಲ್ಲಿನ ನೀರನ್ನು ಪ್ರತಿ ನಿತ್ಯವೂ ಎತ್ತಿಸಿ ಖಾಲೀ ಮಾಡಿಸುತ್ತಿರಬೇಕು.

ದೇಹದ ವಿಚಾರ.

1 ಶರೀರವನ್ನೂ ಮತ್ತು ಉಡಿಗೆ ತೊಡಿಗೆಗಳನ್ನೂ ನಿರ್ಮಲವಾಗಿಟ್ಟುಕೊಂಡಿರಬೇಕು. ಸೂಕ್ಷ್ಮ ದೇಹಿಗಳಾದವರು ಸ್ನಾನಕ್ಕೆ ಬಿಸಿನೀರನ್ನು ಉಪಯೋಗಿಸತಕ್ಕದ್ದೇ ಹೊರತು ತಣ್ಣೀರನ್ನು ಉಪಯೋಗಿ ಸಕೂಡದು.

2 ಆಹಾರಪದಾರ್ಥಗಳು ಸಾಧಾರಣವಾದವುಗಳಾಗಿಯೂ ಧಾತುಪುಷ್ಟಿ ಕೊಡತಕ್ಕುವಾಗಿಯೂ ಮತ್ತು ಒಳ್ಳೆಯ ತರದವುಗಳಾಗಿಯೂ ಇರಬೇಕು.

3 ಅತಿಸಾರವನ್ನುಂಟುಮಾಡತಕ್ಕ ಕಾಯಿ ಪಲ್ಯಗಳನ್ನೂ, ಸೊಪ್ಪುಗಳನ್ನೂ, ಹಣ್ಣು ಹಂಪಲು ಗಳನ್ನೂ ತ್ಯಜಿಸಬೇಕು.

4 ಮಿತಿಮೀರಿ ಯಾವ ವಿಧವಾದ ಪಾನಾದಿಗಳನ್ನೂ, ಮತ್ತು ದೀರ್ಘಕಾಲ ಒದ್ದೆಗೂ ಛಳಿಗೂ ಮೈ ಬಿಟ್ಟುಕೊಂಡಿರುವಿಕೆಯನ್ನೂ ಬಿಟ್ಟುಬಿಡಬೇಕು.

5 ಬೇಯಿಸಲ್ಪಟ್ಟ ತರಗಳು ಆಹಾರವನ್ನು ಯಾವಾಗಲೂ ಉಪಯೋಗಿಸಕೂಡದು. ಆಹಾರಪದಾರ್ಥಗಳ ಮೇಲೆ ನೊಣಗಳು ಕೂತುಕೊಳ್ಳದಂತೆ ಎಚ್ಚರಿಕೆ ತೆಗೆದುಕೊಳ್ಳಬೇಕು. ಕಾಯಿಪಲ್ಯಗಳನ್ನೂ ಸೊಪ್ಪುಗಳನ್ನೂ ಚೆನ್ನಾಗಿ ಬೇಯಿಸಿದ ಹೊರತು ತಿನ್ನಬಾರದು. ಅವುಗಳನ್ನು ಬೇಯಿಸುವದಕ್ಕೆ ಮೊದಲೇ ಕುದಿಸಿದ ನೀರಿನಿಂದ ಚೆನ್ನಾಗಿ ತೊಳೆಯಬೇಕು. ಆಹಾರದೊಡನೆ ಉಪ್ಪನ್ನು ಧಾರಾಳವಾಗಿ ಉಪಯೋಗಿಸಬಹುದು, ಆದರೆ ದೇಹದಲ್ಲಿ ಅಸುಖವುಂಟುಮಾಡುವಷ್ಟೂ ಮತ್ತು ಭೇದಿಮಾಡಿಸುವಷ್ಟೂ ಉಪ್ಪನ್ನು ಉಪಯೋಗಿಸಕೂಡದು.

6 ಮನೆಯಲ್ಲಿ ಶುದ್ಧವಲ್ಲದ ನೀರನ್ನು ಇಟ್ಟುಕೊಂಡಿರಕೂಡದು. ಕೂಡಿದಷ್ಟು ನಿರ್ಮಲವಾದ ನೀರನ್ನು ಮಾತ್ರವೇ ಉಪಯೋಗಿಸಬೇಕು.

7 ಕುಡಿಯತಕ್ಕ ನೀರನ್ನೂ, ಬಾಯಿಮುಕ್ಕಳಿಸತಕ್ಕ ನೀರನ್ನೂ ಯಾ ಊಟಮಾಡಲು ಮತ್ತು ನೀರು ಕುಡಿಯಲು ಉಪಯೋಗಿಸತಕ್ಕ ತಳಿಗೆ ವಗೈರೆ ಪಾತ್ರೆಗಳನ್ನು ತೊಳೆಯಲು ಉಪಯೋಗಿಸುವ ನೀರನ್ನೂ ಮತ್ತು ಹಾಲನ್ನೂ ಉಪಯೋಗಿಸುವುದಕ್ಕೆ ಮೊದಲು ಕುದಿಸಿ ಉಪಯೋಗಿಸಬೇಕು.

8 ಭೇದಿಯುಂಟುಮಾಡತಕ್ಕ ಔಷಧ ತೆಗೆದುಕೊಳ್ಳಕೂಡದು.

9 ಭೇದಿಯಾಗುವ ಲಕ್ಷಣಗಳು ತೋರಿಬಂದಾಗ ಕೂಡಲೆ ತಕ್ಕ ಔಷಧಸೇವನೆಯಿಂದ ಅದನ್ನು ಅಡ್ಡಿಪಡಿಸಬೇಕು, ಮತ್ತು 24 ಘಂಟೆಗಳ ಅವಧಿಯಲ್ಲಿ ಎರಡಕ್ಕಿಂತ ಹೆಚ್ಚುಸಲ ಕಾಲಪ್ರವೃತ್ತಿಯಾಗುವವರು ಈ ಮುಂಜಾಗ್ರತೆಯನ್ನು ಅನುಸರಿಸಬೇಕು.

10 ಎಷ್ಟುಮಾತ್ರವೂ ಅಧೈರ್ಯಪಟ್ಟು ಹೆದರಿಕೊಳ್ಳಬಾರದು, ಮತ್ತು ಕಾಲರಾಜಾತ್ಯದ ವಿಷಯವನ್ನು ಸರ್ವದಾ ಚಿಂತಿಸುತ್ತಿರಬಾರದು, ಮತ್ತು ಪ್ರಸ್ತಾಪಿಸಲೂ ಬಾರದು.

ಎಫ್. ಫರ್ನಾಂಡಿಸ್.
ಹೆಲ್ತ್ ಆಫೀಸರ್, ಬೆಂಗಳೂರು ಸಿಟಿ.

2 14/5

G. R. S. VI—G/32]

39

SUBJECT.....

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Diary No. of letter replied to ... 1809

GENERAL AND REVENUE SECRETARIAT

(Lany)

, *the* 191 .

Date of issue 16.2.18

Signed by Mr B T. Kesava Rao

Section

File No.

Serial No.

No. 4635

Dcli 101-17 sl 3 & 16.2.18

To

The president,

City municipal Council,

Bangalore

Sir

With reference to your letter no 221 dated the 30th January 18, stating that the Health Officer Bangalore City has been instructed to the suitable draft rules in Kannada for combating epidemics of Cholera, as resolved by the municipal Council at its meeting held on the 7th April 1917 and also forwarding for reference simple rules framed by the Health Officer during the recent epidemic, I am directed to observe

over.

40

I observe that what was required in this office letter no. 3702-38-16-1-18 was a report as regards the action taken or proposed to be taken by the municipality with reference to the following points,

(1) Keeping a stock of specified quantities of disinfectants and apparatus for carrying out disinfection work

(2) Appointment of a special staff for either disinfection work or observation work during epidemics; keeping a no. of men trained for the purpose in the Conservancy establishment.

(3) provision of isolation huts etc.

I am to invite your attention to rules 5, 7, 1920 of the Madras rules and request you to be good as to report what arrangements exist at present corresponding to those contemplated in the Madras rules and whether it is desirable to adopt the Madras rules in their entirety to the City municipal Councils in the State and if not whether the rules can be modified to suit local conditions in any way. An early reply is requested.

I have etc

MS 14/2

for Chief Secy to Govt

MV

List of enclosures

Copied by

Examined by

WDS6—GPB—60,000—15-11-16

No. G.C.422-2
Encls.

Office of the Senior Surgeon, Mysore Govt.,

Dated, Bangalore, 8-2-1918.

From

Rajakarya Pravina -

Rao Bahadur T. V. Arumugum Mudaliar, Esq., M. B., C. M.,
Senior Surgeon with the Government of
H. H. the Maharaja of Mysore, Bangalore.

To

The Chief Secretary to the
Government of Mysore,
Bangalore.

Sir,

With reference to your letter No. 3700-1-San.101-17-1, dated 10th January 1918, forwarding for my opinion, a draft order and rules for combating epidemics of Cholera in rural and Municipal areas in the State, I have the honor to state as follows:-

Every Municipality and Taluk or Sub-Taluk Headquarter and many important Hobli Headquarters are provided with dispensaries in charge of properly qualified Assistant or Sub Assistant Surgeons, who, on receipt of information of the occurrence of Cholera cases within their jurisdiction, will at once proceed to the affected locality, with the necessary medicines and attend to the patients.

Where there is no qualified Sanitary Inspector employed for the area, the Sub Assistant Surgeon will ~~also~~ attend to the Sanitary measures also.

If the affected area is very large, the District Medical Officer, either on the requisition of the Revenue authorities or on that of the Sub Assistant Surgeon having jurisdiction, take steps to post additional Sub Assistant Surgeons on Cholera duty and these will similarly equip themselves with the necessary medicines from the headquarter dispensary and proceed to work.

Under this arrangement, there seems to be no need to

supply

From

The Senior Surgeon

with the Govt. of Mysore,

Bangalore.

To

The Chief Secy. to Govt.,

Bangalore.

Dated

Despatched 8-2-1918

Received

General No. G.C.422.2

No.

Enclosure No.

Subject.

Furnishing opinion on the Draft rules for combating Epidemics of Cholera

42

supply medicine chests to the Taluk ~~xffi~~ Officers or Patels, as contemplated in the draft rule No.6.

Where qualified Sanitary Officers are employed, necessary disinfectants may be purchased and kept in their charge by the Taluk or Municipal Boards concerned.

If the above view be accepted by Government, then the arrangement by the Senior Surgeon to provide non-professional persons like Amildars and Presidents of Municipal Councils with medicines chests, as contemplated in the concluding portion of the draft order, becomes unnecessary.

The determination of the standard of disinfectants to be supplied and the issue of instructions for their use seem to be matters within the province of the Sanitary Commissioner.

The provision of isolation wards in connection with the local dispensaries for the admission and treatment of Cholera cases will, no doubt, be very useful. The cost of their construction will have to be borne by the local bodies concerned.

I have the honor to be,

Sir,

Your most obedient servant,

Senior Surgeon
with the Governmentof Mysore.

G.C. 341-2 El. file

43

D. 1929

Sany 101-17 SCR

Office of the Sanitary Commissioner
with the Government of His Highness
the Maharaja of Mysore,

Dated, Bangalore, 13. 2. 1918.

From

M. Srinivasa Rau Esquire., M.A., M.D., B. SC., (Edin)
D. P. H., (Cantab) & F. C. S., (London.)
Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore, Bangalore.

To

S. Balasundaram Iyer Esq., B.A.,

Chief *Secretary to the Government of His Highness the Maharaja of Mysore,* ---------- *Department,*

BANGALORE.

Sir,

With reference to your letter No.3700-1 Sany.101-17-1 dated the 10th January 1918, I have the honor to state that the draft rules proposed for conbating epidemics of cholera are suitable and may be approved by Government. A note as to certain verbal alterations that appear to me to be necessary is enclosed.

I have the honor to be,

Sir,

Your most obedient servant,

M Lawler.

~~For~~ Sanitary Commissioner.
(absent from station)

From

The Sanitary Commissioner
in Mysore, Bangalore.

To

Chief
The Secretary to the Government
of H. H. the Maharaja of Mysore,
Department
Bangalore.

Dated 13-2-18

Despatched

Received 14 FEB 1918

General No. S. C. 3241-2 7395

No.

Enclosure No. 1 file

SUBJECT.

Submitting a note on the rules proposed to be issued for combating epidemics of cholera.

Check & submit

15/2

Note on

44

Rules for combating epidemics of cholera in rural areas.

The rules will not be intelligible unless preceded by an explanation of how the infection of cholera is conveyed. The first paragraph may therefore begin thus:

"The infection of cholera is conveyed by microbes that exist in the excreta of persons that are attacked by the disease. It is usually spread by persons infecting the drinking water supply, frequently also by flies infecting food and occasionally through persons who although are apparently healthy, yet harbour the cholera microbes in their intestines. The present rules aim primarily at providing for either the immediate destruction of these microbes or for minimising the chances of their being conveyed into positions in which they will be swallowed by other persons".

The use of the word "devolves" in rule I. suggests that the responsibilities are newly imposed, which is not the case. The rule may be recast some what as follows:- Amildars and Deputy Amildars are responsible for the general carrying out of the rules prescribed hereunder etc.,

Rules 2 and 3 may go together.

Rule 4. A form may be prescribed, the headings being simply:-

Date	Attacks	Deaths.	If imported, wherefrom	Action taken.

The word "purification" may be substituted by "disinfection".

The words "employed for cholera work" may be omitted.

Rule 6. The disinfectant may ~~also~~ be stored in the taluk office in the custody of the Sanitary Inspector who is directly responsible for efficient disinfection. The facilities for the medical subordinate sending out supplies

to

to patels are extremely limited. There is no object in making the Sub-Assistant Surgeon the intermediary for issuing quantitites of disinfectants while the work can much better be done independently with the assistance of the Sanitary subordinate of the Amildar.

Rule 7, The matter may be re-arranged with reference to the relative importance of each of the measures which are, in order: (1) permanganating infected or suspected sources of water supply (2) thorough disinfection, or burning, of excreta of patients and (3) general cleansing of the village with a view to prevent or reduce the fly pest.

The appointment of watchmen seems to be of little good.

"Whenever there is no opposition" - Permanganating should be carried out whether or not there is opposition.

Last sentence. Indiscriminately permanganating all wells serves no useful purpose. If cholera occurs in a particular village, the wells in the villages within a radius of 5 miles should be disinfected by Potassium Permanganate.

Rule. 9 "After the outbreak has subsided" may be "after the occurrence of the last case of cholera in the village".

Rule 10. (3) Evacuation of cholera affected village is quite a useless measure. Cholera is not, like plague, a disease dependant on an epizootic occurring among rats or other domestic rodents. The ~~only preventive~~ main precaution to be taken is to disinfect all sources of water supply.

(4) "Make arrangements" - may be "arrangements should be made".

I propose having the following in place of the last ~~para~~ rule (10):-

"Should it appear to the Deputy Commissioner and

President

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President of the District and Municipal Boards that cholera immenently threatens to spread into several villages at the same time, he should immediately organise a preventive and medical staff and place it at the disposal of the officer responsible for working these rules.

(a) The staff should be stationed in a central place in the affected area and will operate in the villages situated within a radius of five miles from such place. The apparatus, disinfectants and medicine chests required by the staff should be issued from the nearest taluk - office, the stock being replenished whenever necessary from the same source.

(b) The staff shall ordinarily consist of:-

(i) The Reserve Sanitary Inspector for the District , or in case he is already posted for charge of a preventive staff constituted in some other part of the District, the local Sanitary Inspector,

(ii) one maistry and a gang of temporary coolies not less than 6 in number, and

(iii) a Sub-Assistant Surgeon drawn from the special reserve in the medical Department and trained in modern methods of cholera treatment.

(c) It will be the duty of the members of the preventive staff to obtain early information as to the cases of cholera or severe diarrhoea occurring in the circle, to visit every house in which cholera has occurred, to see that all choleraic vomit and excreta are at once collected, and either disinfected or burnt on or near the premises, and to thoroughly disinfect the infected house, including the floors, the walls, and the furniture, with a solution of phenyle or cyllin. The staff should be furnished with packets of permanganate of potash for use in treating suspected sources of water supply.

(d)

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(d) Rags stained with vomit or excreta should be burnt on the spot, full compensation being offered in the case of the really poor.

(e) The Sub-Assistant Surgeon also shall reside in the central place and be available for attendance free of charge on the sick in their own houses.

(f) The Village Improvement Committees, if any, in the area should as closely as possible be associated with the work of the staff - both preventive and medical. They should be frequently consulted, as to the course of action consistently with these rules, and their suggestions for payment of compensation, construction of temporary isolation sheds, sinking of temporary wells duly carried out.

(g) The Amildar or Deputy Amildar, as the case may be, should be provided with a permanent advance of Rs.50/- for expenditure under cholera charges, the whole or a part of which may be given to the subordinate officer immediately responsible for working the rules, the advance being recouped from time to time by bills supported by vouchers. In the case of the temporary gang of coolies, the power of sanction to employ them is delegated to the Deputy Commissioner.

(h) The Amildar or Deputy Amildar should, fifteen days after the occurrence of the last attack in the area, submit a report on the epidemic and the action taken, to the Deputy Commissioner, who will transmit the report to Government through the Sanitary Commissioner.

II Rules proposed for other than City Municipalities.

Rule 1 In case these rules are to be quite independant of those proposed for the rural areas it is necessary to begin with an explanation of how the infection of cholera is ~~infected~~ conveyed.

For the use of the word "devolves" please see my note against rule 1 of the proposed rules for rural areas.

Rule 3 A form may be prescribed.

Rule 4 For the word "purification" the word "disinfection" may be substituted.

Rule 5. After Rule 5, the matter which goes in as rule 12 in the proposed rules, may be inserted.

Rule 7. The chests may preferably be stocked in the local Dispensary. With but few exceptions every municipality has a dispensary stationed within its limits and in such a case it is desirable that the local medical officer and not the Sanitary Inspector should afford suitable medical relief.

Rule 8 This rule should not be in a permissive style. So soon as there is an imminent danger of an outbreak ~~from~~ of cholera it should be the duty of the President to organise without delay an observation staff to be employed for prompt detection of first cases. The conversion of the observation staff into a regular preventive one depends upon the actual outbreak of the epidemic and the extent of its incidence.

Rule 9 A. "Costolic Acid" is evidently a clerical error for "Carbolic acid".

There is no necessity whatever for mixing

carbolic

carbolic acid and then burning ~~it~~ the excreta. Mere burning will serve the purpose equally well.

Rule 9 C. Phenyle solution will be cheaper and quite as good.

Rule 14. The report may be forwarded through the Deputy Commissioner to the Sanitary Commissioner who will submit the same with remarks for the information of Government.

Bangalore
13th Feb. 1918.

For Sanitary Commissioner.
(absent from Station)

D 2146

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B. M. 109]

San 101-1756

OFFICE OF THE PRESIDENT,
MUNICIPAL COUNCIL,
BANGALORE CITY, DATED.....5-3-.....1918.

FROM

DEWAN BAHADUR RAJA SABHA BHUSHANA
K. P. PUTTANNA CHETTY, ESQ., C.I.E.,
Honorary President, Municipal Council,
Bangalore City.

To

The Secretary to the Government of
His Highness the Maharaja of Mysore,
~~General~~ and Revenue Departments,
Bangalore.

SIR,

With reference to your letter No. 4635/Ml. dated the 16th February 1918 regarding the action taken or proposed to be taken by the Municipality in combating epidemics of Cholera in Municipal area, I have the honor to submit herewith a copy of the Health Officer's memo dated the 25th February 1918 reporting on the several points referred to in the letter quoted above.

I have the honor to be,
Sir,
Your most obedient servant,
K P Puttanna Chetty
Honorary President.

C.R.G.

130

GPB—2,000—20-8-13

191

From

The Honorary President
Municipal Council
Bangalore City.

To

The Secretary to the
Government of Mysore
Revenue Department
Bangalore.

Dated 5th
Despatched 6th } February 1918.
Received

General No. 253
No.

Enclosure No. One :9879

Submitting copy of Health officer's memo dated 25th instant re the action proposed to be taken in combating epidemics of Cholera in the City.

Rejected

No reference traceable in the Mint Section on the subject.
To the Famine Section

CMM
19/3/18

Memo No. 1262 dated the 25th February 1918, submitted by the Health Officer, Bangalore City.

"Referring to F. No.456 dated the 20th instant forwarding for report letter No. 4635 dated the 16th idem dealing with the question of providing draft rules for combating epidemics of Cholera, I beg to submit as follows:-

1. We have got in stock a sufficient quantity of Permanganate of Potash for purposes of hankinising wells suspected to be infected with Cholera germs. When the available quantity is exhausted, on an indent to the Medical Stores, the quantity required can easily be had.

2. At present, we maintain a permanent staff consisting of 3 Head Gangmen on Rs. 10/- each and 12 coolies on Rs. 8/- each, supervised by an Inspector. These do the work of disinfection not only during the epidemic of Plague but also in times of outbreak of other epidemics ~~also~~. When the epidemics assumes a virulent form, extra staff will be temporarily engaged should circumstances require it.

3. All the cases of Cholera and such other infectious diseases are admitted in the Epidemic Diseases Hospital where arrangements exist for treating cases of different infectious diseases in different blocks. The contacts are accommodated in the contact camp close by the Hospital.

4. When cases of Cholera are reported by the parties themselves or by the Municipal Agency (Registrars of Births and Death and other officials of the Sanitary Department) the Health Officer immediately repairs to the place, persuade the parties to have the patient removed to the Epidemic Diseases Hospital and the contacts to the Camp. Should the patient however desire it, no pains will be spared to have him treated at home, every facility being given and all the Sanitary precautions to check the spread of infection from house-to-house &c. being adopted.

5. The Medical Officers in charge of the Municipal Dispensaries and the Epidemic Diseases Hospital may be trained with

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the technique of Sir Leonold Rogers method of Cholera treatment by intervenous Saline injections and provided with appliances necessary therefor. At present the medical men of these institutions have not got practical instructions in this method of treatment nor have any appliances been provided with. When Cholera broke out in the City, indent was made for Rogers saline infusion apparatus but was not supplied probably on accoun of War conditions."

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* C O P Y *

For Hon: President.

C.R.G.

No. 176
Enc. Nil.

OFFICE OF THE PRESIDENT,
CITY MUNICIPAL COUNCIL, MYSORE.

Date 20th April 1918

00400 28 APR 1918

DIARY NO. 5499

FROM

RAJASABHABHUSHANA, DIWAN BAHADUR,
C. SRIKANTESVARA AIYAR, B.A., B.L.,
PRESIDENT, CITY MUNICIPAL COUNCIL,
MYSORE.

GEN. & REV. SECRETARIAT IV GENERAL 28 APR 1918

D 2735

To

C.S.Balasundaram Iyer, Esquire., B.A.,
Chief Secretary to the Government of His Highness
the Maharaja of Mysore.

SIR,

Adverting to your office Memorandum No.G.4906-16-4 dated the 29th January 1917 forwarding for needful action, a copy of Madras Government Order in regard to revised rules regulating the action to be taken in combating epidemics of cholera in Municipal areas, I have the honour to state that the Municipal Council in their meeting held on the 30th March 1918 have resolved that leaflets on Cholera as suggested by the Madras Government be got up and distributed to the people. (A copy of their resolution together with the resolu-tion of the Health Committee is enclosed for ready reference.)

I have the honour to be,

Sir,

Your most obedient servant,

For President.

MRV.

Proceedings of the 22nd (ADJOURNED) meeting of the Municipal Councillors for the City of Mysore held in the Rangacharlu Memorial Hall at 8 A.M. on Saturday the 30th March 1918

Present.

1. Rajasabhabhushana, Diwan Bahadur, C.Srikantesvara Aiyar, B.A., B.L
2. G. Narayana Rao, Esq., B.A., B.L., Vice-President.,
3. J.V.Karve, Esq., D.P.H., etc., Health Officer.,
4. N.Desikachar, Esq., B.A.,
5. M.H. Rangaiyengar, Esq.,
6. Mahamed Jaffer Sahib, Esq.,
7. Charles Theobald, Esq.,
8. M.Venkatakrishnaiah, Esq.,
9. C. Narasimhaiah, Esq., B.A., B.L.,
10. K.Chandrasekhariah, Esq., B.A., B.L.,
11. Abdul Aziz Pasha, Esq.,
12. Mahamed Sait, Esq.,
13. T.M.Siddappa, Esq.,
14. Madappa, Esq.,
15. V.Thiruvengadam Modliyar, Esq.,
16. C. Nanjappa, Esq., B.A.,
17. A.Krishna Rao, Esq., B.A., B.L.,
18. M.S.Krishnaswami Rao, Esq.,
19. B.R.Krishnamachar, Esq., B.A., B.L.,
20. M.Anantharajiah, Esq.,
21. Ganavisarada Sangeeta Vidwan Bidarada Krishnappa, Esq.,
22. Lokasevaniratha Amble Anniah Pandit, Esq.,

Absent.

1. Dharamaprakasha Banumiah, Esq.,
2. The Amildar, Mysore Taluk.,
3. H. Seetharamiah, Esq.,
4. Rajakaryaprasaktha B. Ramakrishna Rao, Esq.,
5. R.G.Hardakar, Esq.,
6. N.Srikantiah, Esq.,

x x x

XV. Health Committee's resolution dated 2nd May 1917, submitting proposals for combating epidemics of cholera in Municipal area.

Resolved that leaflets be got up and destributed to the people.

x x x

Sd/- C.Srikantesvara Aiyar,

"COPY" President.

20th April 1918. President.

MRV.

55

Proceedings of the meeting of the Health Committee held on Wednesday the 2nd May 1917.

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x x x x

I. President's memo No. 375 dated 7th March 1917 forwarding G.O. No. 1658/M. dated 21st September 1916, regarding the revised rules for regulating the action to be taken in combating Epidemics of Cholera in Municipal areas.

" For the present the reserve amount for Plague may be utilised for Cholera, and if necessary additional funds can be made available. Leaflets on Cholera as suggested by the Madras Sanitary Commissioner may be got printed; 5000 copies in Kanarese to be printed".

"COPY"

Sd/- J.V.Karve,
Health Officer.

"COPY"

20th April 1918.

MRV.

For President.

G. R. S. VI—G/32]

56

SUBJECT..... Sani 1-18 .....

.....

.....

Diary No. of letter replied to.....

Section Sany
File No. 101/17
Serial No. 8.

GENERAL AND REVENUE SECRETARIAT
(Sanitary)
, the 191 .

No. G 221
Cust draft Rules

Date of issue 6.7.1918

To The Sanitary Commissioner

Signed by Mg. E.J. Lepper

Sir,

With reference to your letter
No. G.C 341-2 dated the 13th February 18
regarding rules for combating
epidemics of Cholera I am directed
to forward herewith the draft rules as further
revised and to request you to be so kind as to
submit a set of Comprehensive
rules applicable to all epidemics,
i.e. two parts one containing
~~divided into two parts (1)~~ the other
general rules and (2) special
rules applicable to particular
epidemics

over.

Epidemics. 57

Favour of an early reply is requested

I have the

true 5.7.18

Public Health Service

List of enclosures.

Copied by

Examined by

W D86—GPB—60,000—15-11-16

58

Office of the Sanitary Commissioner
with the Government of Mysore,

No. G.C:22-3 Encls: 2 &c.

Bangalore, dated the 29. 8. 1918.

DIARY No. G 3545

18 -19

Sany 101-17-9

From

M. Srinivasa Rau Esq., M.A., M.D., B.Sc., Etc.,
Sanitary Commissioner with the
Government of His Highness the Maharaja of Mysore,
B a n g a l o r e.

To

C.S. Balasundaram Iyer Esq., B.A.,
Chief Secretary to Government, B a n g a l o r e.

Sir,

With reference to your letter No. G. 221-San. 101-17-8, dated the 6th July 1918, I have the honor to submit herewith a set of rules applicable to all epidemics, in two parts, one containing General Rules and the other Special Rules applicable to particular diseases.

2. The enclosures received are herewith returned.

I have the honor to be,
Sir,
Your most obedient servant,

M Srinivasa Rau

Sanitary Commissioner.

WD 02785—GPB— 79,000—25-2-17—S.

191

From

The Secy. Commissioner
in my room.

To

The Chief Secretary to Govt.

Dated

Despatched 29th August. 1918.

Received

General No. G.C: 22.3 Ch Mli 30.8.18

No.

Enclosure No. Two

13454

Submitting in two parts
a list of rules applicable
to all Epidemics.

Jan 4 pm
Nil 30.8

GENERAL RULES FOR COMBATING EPIDEMICS.

59

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(1) In all Municipal Areas the responsibility for taking prompt and effective measures for preventing the spread of epidemic diseases, rests on the Presidents of Municipal Councils.

(2) In other places, the responsibility rests on the Presidents of District and Taluk Boards.

(3) The responsible officers should have at their disposal the agency for obtaining the earliest possible information of every attack of diseases tending to assume an epidemic character. Sanitary Inspectors and the staff under them and the various Patels and Shanbhogues are the usual reporting officers. All Sub Assistant Surgeons or Officers of a higher grade, treating cases of infectious diseases, are to give immediate information to the Presidents of Municipal Councils and District and Taluk Boards.

(4) On being notified of the occurrence of a case, the responsible officer should immediately send the information to the following:-

1. The Sub Assistant Surgeon in charge of the nearest Dispensary
2. District Medical Officer.
3. District Sanitary Officer.
4. The Presidents of adjoining Municipal or Taluk Boards.
5. The Deputy Commissioner of the District.
6. The Sanitary Commissioner.

(5) The adoption of preventive measures which will vary according to the nature of the disease will be under the direct supervision of the President of the Municipal Council or District or Taluk Board.

6) Each Municipal Council should aim at having a permanent and well equipped Isolation Ward. When funds do not permit, arrangements should be made to run up ~~an~~ a temporary Isolation Ward.

(7) Each Municipal Council should keep ready or put up for the time being sheds from 3 to 6 in number varying according to the population and municipal area, for temporary occupation by families while their own houses are undergoing the process of disinfection.

(8) Each Municipal Council and Taluk Board should keep a supply of material for disinfection purposes, as the nature of the disease requires.

(9) Each Municipal Council and Taluk Board should have in its permanent employment one or more men trained in disinfection work. Whenever necessary, temporary staff on the requisite scale should be employed and continued till the epidemic subsides.

(10) Each Municipal Council and Taluk Board should make the necessary provision

60

provision in its budget for Epidemic Diseases Prevention, calculated on the basis of Rs. 1000/- for every 10000 of the population.

(11) In no case should any compulsion be resorted to, for removing either the patients or the contacts to the Isolation Wards or Health Camps respectively.

(12) Each Municipal Council and Taluk Board should keep a supply of leaflets printed in Kannada giving simple instructions for the use of patients and contacts.

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SPECIAL RULES FOR SMALLPOX

(1) As soon as a case is notified in any area, the President of the Municipal Council or Taluk Board, should send an urgent requisition to the nearest Sub Assistant Surgeon or Taluk Vaccinator to vaccinate all unprotected children in that area and to revaccinate all those persons who have not been vaccinated for 5 years previously.

(2) The contacts from the infected house or houses should be advised not to mix freely with the rest of the people.

(3) If the local Vaccinating Officer is unable to cope with the work, the District Medical & Sanitary Officer or the District Sanitary Officer as the case may be, should be requested to lend the services of qualified men to push on vaccination in the affected area.

(4) The Sanitary Inspectors in Municipal Areas and Patels and Shanbhogues in rural areas should prepare lists of unprotected persons or of persons requiring re-vaccination and give the same to the vaccinating officers.

(5) After the termination of the case either by recovery or death, the house or houses should be got disinfected either by letting in sunlight and heat or by the process of desiccation.

****

SPECIAL RULES FOR C H O L E R A

(1) The fact of the occurrence of cholera in any locality should be made known to the people by a notice being posted either in the Municipal Office or the Village or ~~prominent~~ nearby places of public resort.

(2) The people should be informed that all waters that is used for any purpose should be boiled prior to use.

(3) All ~~wells~~ wells in the affected area should be treated with sufficient quantity of Potassium Permanganate or in its absence Quicklime. This process should be repeated every 4th day till the epidemic subsides. The same precaution should be taken in the case of wells in the adjoining villages even though they may be uninfected.

(4) Watchmen preferably policemen wherever available, should be placed near step-wells, tanks or streams to prevent people from polluting the waters thereof by bathing or washing of clothes.

(5) If a Municipal Council can afford it, a high-caste man should be employed to draw water from a draw well and supply it for drinking purposes to all who resort to the well. This will prevent the possibility of the pollution of the well water by dirty and contaminated vessels being let into the well by all classes of people.

(6) If an infected tank is the sole source of drinking water supply in any area, temporary wells should be sunk near the edge of the tank and people encouraged to take the water therefrom.

(7) Special attention should be paid to the frequent removal of night soil and other refuse to a distant place outside the Municipal Area. It should be either buried deep or covered with a layer of quicklime to prevent the breeding of flies.

(8) Every house in which a cholera case has occurred, should be supplied with a solution of Phenyle and instructions left for the people to wash their hands with it each time that they touch the patient or his excreta.

(9) The excreta should not be thrown away indiscriminately. They should be buried deep after being mixed with some phenyle solution or better burnt.

(10) One grain packets of potassium permanganate should be left with the people with instructions that the contents of one packet should be mixed with water which may be used for drinking either by the patient or contacts.

(11) People should be persuaded to send the patients to the Isolation Ward, if there is one, and themselves to remove to the Health Camp.

(12) The District Medical Officer will post a Sub Assistant Surgeon on cholera duty for treating all the cases.

(13) The Municipal Councils and the District and the Taluk Boards should keep a sufficient stock of potassium permanganate, quicklime and phenyle or cyllin.

(14) In the City Municipalities and larger towns e.g., District Head Quarters, the Local Hospitals should keep in stock Roger's Apparatus for giving the intra-venous injections of saline solution.

(15) All infected material if of no value should be burnt. If valuable they should be immersed in boiling water and then dried in direct sunlight.

(16) After the termination of the case by recovery or death, the house should be disinfected by phenyle solution ~~or~~ and white-washed.

@@@@@@@@@@@@

62

SPECIAL RULES FOR P L A G U E.

(1) Efforts must be made to get information of the appearance of dead rats in houses.

(2) The people in the houses in which dead rats have been noticed, should be persuaded to remove with all their belongings to the sheds erected for their temporary stay and the house should be thoroughly disinfected by paddy straw or other inflammable material being spread in a thin layer in all parts of the house and set on fire for killing rat-fleas and other vermin.

(3) If for any reason it is not possible for the people to remove to the temporary sheds, their belongings may be kept outside the house which is then desiccated as detailed above, swept and cleaned; the houses thus treated becomes fit for reoccupation by the people immediately afterwards.

(4) The people removing to the sheds, may have their own houses re-disinfected at the end of a week and then come back to them. In no case should the people be allowed to occupy the sheds for an indefinitely prolonged period, unless they choose to put up sheds of their own and live in them.

(5) The District Sanitary Officer or District Medical & Sanitary Officer or any specially appointed officer will be ready to undertake inoculation against plague if the President, Municipal Council or District and Taluk Board sends a requisition for the same.

(6) The patient should be persuaded to seek admission into an Isolation Ward, if there is one, and treatment in any case will be provided by a Sub Assistant Surgeon or other Medical Officer.

(7) The contacts of the patient should be persuaded to remove to the sheds put up, while their own houses are undergoing the process of desiccation.

(8) People should be discouraged from having large stores of grain in the dwelling houses. These should be removed to Mandies or other suitable place.

(9) People should be dissuaded from visiting their houses, which have been already vacated and locked up without being disinfected. By doing so they would render themselves liable to be bitten by the rat-fleas and getting plague subsequently.

(10) It should be made obligatory for all locked-up houses to be desiccated prior to reoccupation.

(11) The process of desiccation being simple and cheap, all house-owners in areas threatened by plague, should be directed in their own interests, to have their houses disinfected, even though no dead rats had been noticed therein.

(12) The Presidents of Municipal Councils, of District and Taluk Boards should have a stock of paddy straw and supply it to really poor persons

60

persons who cannot afford to buy the same.

(13) All grain infected with rat-fleas should be exposed to bright sunlight for a couple of hours.

(14) At the termination of the case either by recovery or death, the house should be disinfected by the process of desiccation.

(15) During the off-plague season, people should be encouraged either to build rat-proof houses or to trap rats and destroy them as often as possible. Proper baits will be supplied to them free on demand.

M Srinivasa Rau

Sanitary Commissioner.

64

G. R. S. VI—G/32]

SUBJECT.....

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Diary No. of letter replied to .....

Section 2nd
File No. 101-17
Serial No. 10

GENERAL AND REVENUE SECRETARIAT
( )
, *the* 191 .

No. G 8799.

Date of issue 14.11.18

Signed by M. G. S. Hy

To

Sir,

I have the honour to forward for revision and submission rules applicable to all applications received with reference to your letter No. G.C 22-3 dated the 29th August 18 ~~and~~ amended preceding rules applicable to dispensaries

I request that the rules applicable for the rural areas may be separated from those applicable for Municipalities and approved submitted for the approval of Govt.

I have the honour to be,
Sir,
Your obedient servant,

To The Secretary to Govt. of Madras
Public Works Department.

over.

GS
14/11

MC
14/11

Office of the Sanitary Commissioner
with the Government of M Y S O R E,
Bangalore, Dated the 23rd December 1918.

9836-65

No. G. C 22-7 Enc 2

From

M. Srinivasa Rao, Esq., M.A.M.D.B.Sc., ETc.,

Sanitary Commissioner in Mysore,

B A N G A L O R E.

Ban 101-17 11

To

C. S. Balasundaram Iyer, Esq., B.A.,

Chief Secretary to the Government,

B A N G A L O R E.

Sir,

With reference to the correspondence ending with your D.O. No. G. 9861 dated the 30th November 1918, I have the honour to submit herewith a revised set of draft rules for combating Epidemics in rural as well as in urban areas.

2. The enclosure received is herewith returned.

I have the honour to be,
Sir,
Your most obedient servant,

M Srinivasa Rao

Sanitary Commissioner.

WD 02785—GPB— 79,000—25-2-17—S.

18672 191

From
The Sanitary Commissioner
with the Govt. of Mysore,
Bangalore.

To
The Chief Secretary to Govt.
Bangalore.

Dated 23-12-18.

Despatched

Received

General No. G.C. 22-7/4 DE
No.

Enclosure No. 2.

Submitting draft rules relating to the prevention of epidemics in rural as well as in urban areas.

Rules For Combating Epidemics.

The term 'Epidemic' refers to diseases due to the specific microbes E.G. Those of Cholera, Small-pox Plague ~~etc.~~ which affect or arelikely to affect a large number of people at the same time.

Section. I.. Organisation, equipment and procedure in rural areas.

Agency invested with responsibility for action.

2. The Amildars of Taluks and Deputy Amildars of Sub taluks, assisted by the local sanitary or Assistant Sanitary Inspectors shall be responsible for the - - adoption of the rules prescribed hereunder for rural areas, both the general rules pertaining to procedure as well as the special ones laid down under specific diseases.

Prompt report of outbreaks of epidemics (a) by local officer.

3. It shall be the duty of the patel or in his absence, of the Shanbhogue to submit by express - - messenger a report to the taluk office and another to the Medical officer in charge of the nearest - - dispensary, as soon as cases of any epidemic, whether imported or indigenous, occur, and in the case of Plague immediately rat mortality is observed in the village.

(b) by Amildar or Deputy Amil -dar.

4. The Amildar or the Deputy Amildar on receipt of the report from any village, shall send immediate - - information. (1) to the Medical Officer in Charge of the nearest dispensary. (2) to the Presidents of - - Municipal Councils in the Taluk. (3) to the District Medical Officer. (4) to the District Sanitary Officer. (5) to the Deputy Commissioner of the District. (6) to the Amildars of adjoining taluks. (7) to the Sanitary Commissioner.

Preliminary action before arrival of - - Medical Officer (a) by patel.

5. The patel or in his absence the Shanbhogue - - pending the arrival of superior Officers shall notify to the villages the expediency of following the - - - elementary Sanitary Rules (printed as an annexure to these rules) and make arrangements to see that the sanitation near the infected locality is carefully - - observed. These arrangements shall include the - - adoption as far as possible of such of the preventive measures as can be carried out without any professional assistance.

(b) by Amildar or Deputy Amil -dar.

6. If the Medical Officer or the Sanitary Inspector has not already proceeded to the village the Amildar or the Deputy Amildar shall forthwith proceed to the village and personally see to the carrying out of disinfection and other preventive measures. He may leave the village before

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the arrival of a Medical subordinate or Sanitary Inspector in case the Hobli Shekdar is left in the village to carry out his instructions. Special - - endeavour should be made to encourage and develop local initiative, by enlisting the co-operation of the village Improvement Committees and of Voluntary workers possessing influence in the villages.

Form of report and frequency of submission.

7. The report alluded to in the preceding - - paragraps should be in the following form.

1. Date.	2. Attacks.	3. Deaths.	4. If imported - wherefrom	5. Nature of action.	6. Names of village Improvement Committees or of voluntary workers engaged in the adoption of - preventive - - measures or - affording relief.

The report should be submitted by the patel daily till after a week of the occurrence of the last case of the epidemic in the village.

Stock of disinfectants and Medicine.

8. The Deputy Commissioner and President of the District Board should see that each taluk office is supplied with a sufficient quantity of disinfectants, and a sufficient number of medicine chests, the quantity and number of these articles being fixed in consultation with the Sanitary Commissioner and the Senior Surgeon respectively. Each medicine chest should contain in the vernacular a complete set of instruction for the use of the medicine and disinfectants. The Amildar or the Deputy Amildar will be responsible for maintaining sufficient stock of medicine and disinfectants in the taluk.

Custody and issue of disinfectants and medicine.

9. The stock of medicines and disinfectants should be kept in the taluk office but its issue will be - - regulated by the local Medical Officer who, on receipt of first information of an outbreak of an epidemic, advise the Amildar or the Deputy Amildar as to the quantity of medicine and disinfectant that may be issued for use in the affected area. If the Medical Officer himself proceeds to the village he shall take with him both disinfectants and required medicines. In the case of villages with a population.

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of over 1,000 that the Amildar or the Deputy Amildar should arrange to leave with the patel or the chairman of the village panchayet as the case may be a sufficient quantity of disinfectants and a couple of medicine chests with clear written instructions for use.

Application for Medical Assistant and extra Sanitary staff.

10. If the epidemic breaks out in more than one village at the same time and the services of the- - Sanitary Inspector and the Medical Subordinate are otherwise fully employed, the Amildar shall apply without loss of time to the District Medical officer for Medical assistance and to the Deputy Commissioner for additional Sanitary Staff. In the mean time - - suitable arrangements should be made for the adoption of preventive measures, a temporary gang for disinfection and observation work being employed if necessary. The Presidents of taluk Board should arrange to train a few men in the permanent conservancy staff in the technique of disinfection so that they may be deputed for preventive duty their place being taken by the temporary gang newly employed. Similar training should be given through the Sanitary Inspectors to a few local men in all important villages.

Organisation of preventive and Medical Staff.

11. Should it appear to the Deputy Commissioner that any epidemic imminently threatens to spread into several villages at the same time, he should immediately organise a preventive and Medical staff and place it at the disposal of the Officer responsible for working these rules. The staff should be stationed in a central place in the affected area and will operate in the villages situated within a radius of 5 miles from such place. The apparatus, disinfect -ants and Medicine chests required by the staff should be issued from the nearest taluk office, the stock being replenished whenever necessary from the same source.

Personal of the staff

12. The staff shall ordinarily consist of :--

(1) The reserve Sanitary Inspector for the District, or in case he is already posted for charge of a preventive staff constituted in some other part of the District the local Sanitary Inspector.

(II) One maistry and a gang of temporary coolies not less than 6 in number, and.

(III) a sub Assistant Surgeon drawn from the special reserve in the Medical Department and trained in modern methods of Cholera treatment.

Duties of the staff.

It will be the duty of the members of the preventive staff to obtain early information as to the cases of the epidemic occurring in the Circle, to visit every house in which a case has occurred to throughly disinfect the infected house, including the floors, the walls and the furniture, with a solution of Phenyle or cyllin.

The Sub Assistant Surgeon also shall reside in a - - central place and be available for attendance free of charge on the sick in their own houses. The village improvements committees if any in the area should as early as possible be associated with the work of the staff and both preventive and Medical. They should be frequently consulted, as to the course of action consistently with these rules, and their suggestions for payment of compensation, construction of temporary isolation sheds sinking of temporary wells duly carried out.

Powers of Sanction of the Deputy Commissioner.

13. Deputy Commissioner are empowered to sanction within the limts of the budget provision.

(a) the employment of temporary gangs.
(b) the purchase of diet articles and country medicines
(c) other contingent charges pertaining to relief measures and
(d) compensation for infected bedding and clothing destroyed

In case of the vailable grant in the budget being found inadequate by reason of an unusual severity of prevalence of the disease in the district a special grant-in-aid may be applied for through the Sanitary Commissioner.

Impresst for expenditure.

14. The Amildar or the Deputy Amidar as the case may be should be provided with a permanent advance of Rs. 50/- for expenditure under epidemic charges, the whole or a part of which may be given to the subordinate officer immediately responsible for working the rules, the advance being redouped from time to time by bills supported by vouchers.

Final report of measures adopted.

15. The Amildar or the Deputy Amildar should, 15 days after the occurrence of the last attack in the area, submit a report on the epidemic and the action taken, to the Deputy Commissioner who will transmit the report to - - Government through the Sanitary Commissioner.

Section II Organisation, equipment and orocedure in urban areas otner than city Municipalities.

Agency.

16. The Chairmen of the Municipal Councils assisted by the local Sanitary or Assistant Sanitary Inspector

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shall be responsible for taking prompt and effective measures to prevent the spread of Epidemic diseases in the Municipal areas.

Information of outbreaks of - Epidemics.

17. The Chairmen of the Municipal Councils should arrange to obtain the earliest possible information of cases of any epidemic occurring within the Municipal limits or within close proximity to the Municipality. Such arrangements include the formulation and the effective working of Byelaws if necessary under the provisions contained in the Municipal regulations for the compulsory notification of cases of illness due to epidemic diseases. It is also open to the Municipal Council to invest selected members of its regular staff with the duty of finding out and reporting the occurrance of epidemic diseases.

Report to higher Officers and adjoining taluks.

18. On receipt of the first report of an epidemic the chairmen should send immediate information to.

(1) the Medical Officer in charge of the local dispensary if there is one, or the nearest dispensary.
(ii) the President of the Taluk Board.
(iii) the District Sanitary Officer,
(iv) the District Medical Officer,
(v) the Amildars of the adjoining taluks.
(vi) the Deputy Commissioner of the District,
(vii) the Sanitary Commissioner in Mysore,

Committee to be appointed.

19. In every Municipality a committee should be appointed in consultation with the Deputy Commissioner of the District consisting of two or more of the Municipal Councillors whose duty it will be to advise and assist the Chairmen in all matters relating to the epidemic disease prevention in the Municipality. The Committee will have power to associate volunteers possessing influence in the local area in the arrangements made for preventing the epidemic or affording relief to the people.

Organisation of Preventive staff.

20. In every Municipality a few of the permanent hands preferrably among the excisting Sanitary Conservancy staff, should be trained in the special work of disinfection and observation. When an epidemic actually breaks out or when there is reason to apprehend its outbreak the trained men should be withdrawn from their current duties and detailed for special work their places being taken by temporary men The Chairman is empowered to appoint a temporary staff consisting of one peon ~~on Rs. 8/-~~ and not more than two thotees ~~on Rs. 8/- each~~ for every thousand of population, to replace the permanent men withdrawn for special duty or to augment the preventive staff whenever necessary.

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21. The Chairman are empowered to incur within the limits of the Budget provision, and on the advise of the special committee expenditure, on

Powers of Sanction of Presidents

(a) the employment of temporary gangs as detailed in the preceding paragraph.
(b) the purchase of diet articles and country medicines.
(c) other contingent charges pertaining to relief measures.
(d) compensation for infected bedding and clothing destroyed.

In case of the available grant in the budget being found in adequate by reason of unusual severity of the prevalence of the disease, the Municipal Council may apply to the Government for a special grant in aid through the Sanitary Commissioner.

22. Necessary provision should be made in the Budget of the Municipal Councils for epidemic charges calculated on the basis of Rs. 1000/- for every 10,000 population.

Stock of disinfectants and Medicines.

23. The Chairman should have in the Municipal stores a sufficient quantity of disinfectants and the necessary apparatus for carrying out disinfection the nature and the quantity of the articles to be stocked being determined in consultation with the Sanitary Commissioner. He should also obtain a few medicine chests from the Senior Surgeon and stock them for use during emergencies by the local medical Officer or if there is none pending the arrival of the medical officer from the nearest dispensary. Each medicine chest should contain in the vernacular a complete set of instructions for the use of medicines.

Duties of preventive Staff.

24. It will be the duty of the members of the preventive staff to obtain early information as to the cases of the epidemic occurring in the Municipality, to visit every house in which cases have occurred, to thoroughly disinfect the infected house and generally to carry out all instructions issued by the Chairman on the advise of the Committee or the local Medical Officer.

Permanent Facilities and equipment.

25. Arrangements should be made in every Municipality for the construction of sheds according to approved designs the number of such sheds depending upon the population of the Municipality and the frequency of the prevalence of the epidemics. These sheds should be used as:--

(a) Health camp for the temporary occupation of the people required to vacate their own houses for disinfection purposes
(b) Contact Sheds.
(c) Isolation wards for the sagregation and treatment of the sick.

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Each of the three groups of sheds should of course be at some distance from one another the isolation sheds being preferrably located as near as conveniently possible to the dispensary building. The - - isolation wards should be furnished with cots, bedding and clothing and other equipment.

Trend of Policy in Municipal - - Councils in regard to epidemic prevention.

26. With a view to minimise the ravages of Plague and Cholera Government expect early action being taken in every Municipality for the formulation and effective working of Bye-laws relating to,

(a) House construction.
(b) Enforcement of rat-proof conditions in existing dwellings.

The formation of well planned town extensions and the prevention of the contamination of the water supply by fitting up pumps whereever feasible or other items that require continuous attention.

Medical Aid.

27. It shall be the duty of the Medical Officer to arrange for the treatment of cases of epidemic diseases in Municipalities where there are no hospitals. In other cases the local Medical Officer should render the necessary Medical Assistance. Should however the epidemic assume a serious aspect, the Chairman will apply to the ~~Deputy~~ District Medical Officer for extra Medical aid and the latter Officer should make the necessary arrangements after - - inspecting the locality if necessary.

Final report of Measures adopted.

28. The Chairman should submit a fortnight after the the epidemic has completely ceased, a detailed report of the outbreak of the epidemic and measures taken to combat it, to the Deputy Commissioner of the District and also to the Sanitary Commissioner.

The Preventive staff may be continued for two weeks after the last case occurred and then disbanded.

Section III. Special rules relating to Cholera Epidemics.

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Section III Special rules for Cholera.

Mode of spread of Cholera and objects aimed at in preventive methods.

29- The infection of Cholera is conveyed by the microbes that excist in the excreta of persons attacked by the diease. Cholera is usually spread by persons infecting the drinking water-supply, frequently also by flies infecting food and occassionally through persons who although are apparently healthy, yet harbour the microbes in their intestines. The present rules aim primarily at providing for either the immediate destruction of these microbes or for minimising the chances of their being conveyed into substances in which they will be swallowed by other persons.

Occasions when special vigilence is needed.

30. It shall be the duty of the local authorities to keep themselves informed of the occurrence of the Cholera cases in adjoining towns and villages and to lose no time in taking precantionery measures when an outbreak is apprehended or appears imminent. Special caution should be excreised when there is a movement of large number of people to places outside the local area for purposes of attending fairs and festivals or when pilgrims pass through the town or village on their way to or from places of pilgrimage, whether the latter places be or be not actually affected with Cholera at the time.

Precantionery measures when an outbreak of cholera is imminent or apprehended.

31. The general precabtionery measures to be adopted on such occasions are:--

(a) Prevention, as far as possible of outsides from having access to and fouling the water-supply.

(b) Sinking and temporary use of infiltration wells in case the water-supply in the town or village is obtained from tanks and streams.

32. As a general precaution all wells in the local area should be permanganated thoroughly once during the hot weather every year whether there is cholera or not. If potassium permanganate is not readily available, quick lime may be used with equally good results.

Disinfection of sourecs of water -supply.

33. Immediately on an outbreak of Cholera all wells in the affected area should be treated with sufficient quantity of Potassium permanganate so as to leave a pink colour for 24 hours. In the absence of ~~baskets~~ Potassium Permanganate a couple of baskets of quicktime should be used for each well. The same precaution should be taken in the case of wells in the adjoining villages, though they may be uninfected.

34. During Epidemic times watchmen, preferrably police-men wherever available, should be placed near step-wells, tanks, or streams to prevent the contamination of water by bathing or washing of clothes. In the case of draw wells it would be well to employ

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a high caste man to draw water and supply it for drinking purposes to all who resort to the well.

Prevention of the Multiplication of flies.

35. Special attention should be paid ~~and thei~~ to the frequent removal of night-soil and other refuse to a distance from the town or village. The rubbish should be either buried deep or covered with a layer of quicklime to prevent the breeding of flies.

Facilities to be provided to people for personal prophylaxis.

36. Every house from which a cholera case is reported should be promptly supplied with.

(a) a solution of Phenyle with instructions that the people who attend on the patient should wash their hands with it each time they touch the patient or the excreta.

(ii) one grain packets of Potassium Permanganate for internal use in solution, by the patient as well as contacts.-

Segregation of patients and contacts.

37. On the occurrence of a case of cholera the people should be persuaded to send the patient to the isolation ward, if there is one and themselves remove to the Health Sheds. If facility for segregation is not in existence it is desirable that the local authorities should arrange to put up temporary huts.

Disinfection (a) of excreta.

38. Great care should be taken to see that all choleraic vomit and excreta are atonce collected, mixced with saw dust, paddy husk or other combustible matter, and burnt on or near the premises. If not burnt the excreta buried deep far away from the sources of water-supply.

(b) of effects.

39. All infected material if of No value should be burnt, if valuable they should be immersed in boiling water and then dried in direct sun-light. Compensation claimed on account of valuables destroyed should in all cases be paid.

(c) of the infected house

40. After a case of cholera the house and especially the room occupied by the patient should be thoroughly disinfected with Phenyle solution. All drains which discharge into the open should be flushed with the same solution.

41. In cases in which the attack of cholera proves fatal it shall be the duty of the local authority to see that the mode of disposal of the dead body does not constitute a source of infection, special arrangements being made to ensure that the dead bodies are properly buried and away from sources of water-supply.

42. The occurrence of cholera in any place should be made known to the people who should be warned to boil all the drinking water.

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Section IV. Special Rules for Small-pox.

Prompt Vaccination of unprotected children.

43. As soon as a case is notified in any area the local authority should send an urgent requisition to the Sub Asst Surgeon or the taluk vaccinator, as the case may be, to vaccinate all the unprotected children in the area. The re-vaccination of persons who have not been vaccinated for five years previously should be encouraged as far as possible. It shall be the duty of the local authority to assist the Sub Assistant Surgeon or the vaccinator in finding out all cases to be vaccinated.

Concentration of vaccination staff wherever necessary.

44. If the affected area is large such that one vaccinator cannot be expected to speedily vaccinate all the unprotected children, a report should be atonce submitted to the higher authorities bringing to notice the need for employing additional vaccinators. The authority receiving the report should if satisfied with the need for extra assistence, lose no time in posting one or more additional vaccinators withdrawing them from stations where their services are not in urgent demand.

Other Preventive measures.

45. People should be advised to avoid going to the house infected with small-pox or freely mix with the contacts until the epidemic has completely subsided. All houses in which small-pox cases have occurred should be disinfected by the process of ~~disinfect~~ desiccation.

Section V Special Rules for Plague.

Prompt desiccation of infected houses.

46. The infected rat-flea being the connecting link for the transmission of plague from rat to man, it is essential that prompt action should be taken, having for its object the destruction of the infected flea before it is able to convey the infection to other rats or to man. The rat-flea is easily killed by desiccation or the application of dry heat. As soon as a dead rat is observed in a house such house along with the adjoining ones should be subjected to a process of thorough desiccation.

Desiccation how carried out.

47. Desiccation is simple to carry out and is done by spreading, uniformly in all parts of the house, paddy-straw, dry-leaves or other inflammable material setting fire to it To ensure that the required degree of heat is generated it is best that desiccation is always carried out by trained staff in towns. In the case of affected villages, an itinerant gang may be employed during seasons of plague to practically demonstrate the method to the villagers.

Disinfection of grain.

48. All grain infected with rat-fleas should be exposed to bright sun light for atleast a couple of hours.

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Evacuation of infected houses.

49. To facilitate desiccation, people in the houses proposed to be desiccated should be shifted with their belongings to the Health Camp if there is one or to temporary sheds specially put up for the occassion. After ten days desiccation should be repeated in the same houses, when the people may be permitted to reoccupy the houses. Should they chose to remain in camp for sometime longer they should be required to remove to sheds of their own and make room for others that may need the special sheds.

Wholesale evacuation of houses.

50- If notwithstanding disinfection, a whole-sale evacuation of a town or a village is desired by the people it should be actively proceeded with, the necessary facilities--~~gratis or at~~ in the shape of supply of shed materials gratis or at cost price- being provided. But a thorough desiccation of the houses should invariably proceede evacuation.

Once a town or village is evacuated, people should be dissuaded from opening and visiting the houses for any reason whatsoever, unless it is for reoccupation, in which latter cases, the houses should once again be desiccated.

Inpculation and Medical relief.

51. The earliest possible requisition should be made on the nearest medical officer for (a) inoculation and (b) a medical relief. Such medical officer will, as far as possible attend to these measures himself and if assistance be needed, apply to the District Medical Officer, At the same time that a requisition is sent to the local medical officer a copy thereof should, if the requisitioning Officer be a patel, be submitted to the Amildar of the Taluk.

52. Immidiately the Medical Officer arrives, it shall be the duty of the local authority to cooperate with him in encouraging people to get themselves inoculated and patients to receive Medical treatment.

Rat destruction.

53. In every town and village, attention should be directed to the destruction of rats in the off-plague season. A cheap and effective method of trapping rats ~~is described in the annexure~~ will be described in the form of a pamphlet which will be issued by the Sanitary Commissioner.

Section VI Procedure in emergencies when epidemic other than cholera, small-pox or plague occur.

Procedure when other descases of an epidemic nature occur.

54. Whenever there is a marked rise in the mortality or sickness in any town or village and the cause thereof is at the time unknown, the local authority shall have power

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power to take such measures in consultation with and on the advice of the local Sanitary Medical Officer and incur such expenditure as may be necessary to reduce the sickness and the mortality in the town or village. These measures include organisation of staff, Medical relief and provision of nourishment to the sick. In all emergencies, the local authority shall take the initiative without delay, pending intructions from the higher authorities.

Sanitary Commissioner.

G.R.S. VI-71]

SUBJECT.....

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Diary No. of letter replied to.....

Section San
File No. 101-17
Serial No. 12

General and Revenue Secretariat

( )

Proceedings of the Government of His Highness the Maharaja of Mysore.

, *the* 191 .

Date of issue 25.2.19

Signed by.....

Read:— Correspondence ending with letter No. H.C 22-7 dated the 23rd December 18, from the Sanitary Commissioner submitting a revised set of draft rules for combating epidemics in rural as well as in urban areas.

Order Thereon:— No. S 21371-402 Enclosure

The rules proposed by the Sanitary Commissioner are approved with slight modification

over.

May this be

i Printed?

ii treated as a standing order?

iii published in the Gazette English part?

iv translated?

v placed at the disposal of the press?

vi published in the Gazette Kannada part?

A Copy of the Rules is appended to this order.

2. The Sanitary Commissioner with Govt is requested to prepare the pamphlet describing the checks and effective methods of breeding rats referred to in para 3/3

Pb 4-Local Govts are requested that the rule and should suggest amendments in other annual reports to the working (vide formal addition in Rule 53)

4/3 14/3

P.W. 4/3 C.S.B./D.P.

Jr Chief Secretary

Print.

The Sanitary Commissioner
The Revd. Commissioners
" Dy Commissioners of Districts
Presidents of District Boards
- Bombay.

The Senior Surgeon.

The Presidents of the City municipal Councils of Bangalore & Mysore.
The President, Sanitary Board, K.G.F.
Dy Commissioner of Coorg for communication to the Presidents of Municipal Councils
President of the Lingsugur Municipality
Tahsildar, Kollegal
Executive Engineer

List of enclosures.

Copied by

Examined by

Published in page 322 Part I of the Gazette dt 3.4.19. 80

G. R. S. V1—G/32]

SUBJECT.....

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Diary No. of letter replied to ..8.86.9

GENERAL AND REVENUE SECRETARIAT

( )

, *the* 191 .

Section San

File No. 101-17

Serial No. 13

Notification No. 21403

Date of issue 26.3.19

Signed by M. C. S. B. [illegible]

To

~~The~~

The following rules for combating epidemics in rural as well as in ~~the~~ urban areas are published ~~herewith~~ for general information.

(Here copy the rules)

By order

[illegible]

Chief Secretary to Govt

over.

To

The Compiler, Mysore Gazette for publication in the Gazette.

24/3/19

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Government of His Highness the Maharaja of Mysore.

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. G. 21371-402—San. 101-17-12, dated 25th March 1919.

Rules for Combating Epidemics in rural as well as urban areas.

WD 1821—GPB—31-3-19—520.

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S. O. 5

Rules for Combating Epidemics in rural as well as urban areas.

No. G. 21371-402—SAN. 101-17-12, DATED 25TH MARCH 1919.

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

GENERAL AND REVENUE DEPARTMENTS

READ—

Correspondence ending with letter No. G. C. 22-7, dated the 23rd December 1918, from the Sanitary Commissioner, submitting a revised set of draft rules for combating epidemics in rural as well as in urban areas.

Order No. G. 21371-402—San. 101-17-12, dated 25th March 1919.

The rules proposed by the Sanitary Commissioner are approved with slight modifications. A copy of the rules is appended to this order.

The Sanitary Commissioner, the Deputy Commissioners of Districts and the Presidents of Local Bodies are requested to see that the rules are strictly enforced and submit information in their annual reports as to their working.

C. S. BALASUNDARAM IYER,
Chief Secy. to Govt.

To—The Sanitary Commissioner in Mysore.
The Senior Surgeon in Mysore.
The Revenue Commissioner in Mysore.
The Deputy Commisioners of Districts.
The Presidents of District Boards.
The Deputy Commissioners of Districts for communication to the Presidents of Municipal Councils.
The Comptroller, Mysore Government.
The Presidents of the City Municipal Councils of Bangalore and Mysore.
The President, Sanitary Board, Kolar Gold Fields.
The President of the Sringeri Municipality, through the Deputy Commissioner, Kadur District.
PRESS TABLE.

Exd.—C.R.

RULES FOR COMBATING EPIDEMICS.

The term 'Epidemic' refers to diseases due to the specific microbes, *e.g.*, those of cholera, small-pax, plague, etc., which affect or are likely to affect a large number of people at the same time.

SECTION I—ORGANISATION, EQUIPMENT AND PROCEDURE IN RURAL AREAS.

2. *Agency invested with responsibility for action.*—The Amildars of Taluks and Deputy Amildars of Sub-Taluks, assisted by the Local Sanitary or Assistant Sanitary Inspectors, shall be responsible for the adoption of the rules prescribed hereunder for rural areas, both the general rules, rules pertaining to procedure as well as the special ones laid down under specific diseases.

3. *Prompt report of outbreaks of epidemics (a) by local officer.*—It shall be the duty of the patel or, in his absence, of the shanbhog to submit by express messenger a report to Taluk Office and another to the Medical Officer in charge of the nearest dispensary, as soon as cases of any epidemic, whether imported or indigenous, occur and, in the case of plague, immediately rat mortality is observed in the village.

4. *(b) By Amildar or Deputy Amildar.*—The Amildar or the Deputy Amildar on receipt of the report from any village, shall send immediate information (1) to the Medical Officer in charge of the nearest dispensary, (2) to the Presidents of Municipal Councils in the Taluk, (3) to the District Medical Officer, (4) to the District Sanitary Officer, (5) to the Deputy Commissioner of the District, (6) to the Amildars of adjoining taluks, and (7) to the Sanitary Commissioner.

5. *Preliminary action before arrival of Medical Officer (a) by patel.*—The patel, or, in his absence, the shanbhog, pending the arrival of superior officers, shall notify to the villagers the expediency of following the elementary Sanitary Rules (printed as an annexure to these rules) and make arrangements to see that the sanitation near the infected locality is carefully observed. These arrangements shall include the adoption as far as possible of such of the preventive measures as can be carried out without any professional assistance.

6. *(b) By Amildar or Deputy Amildar.*—If the Medical Officer or the Sanitary Inspector has not already proceeded to the village, the Amildar or the Deputy Amildar shall forthwith proceed to the village and personally see to the carrying out of disinfection and other preventive measures. He may leave the village before the arrival of a Medical Subordinate or Sanitary Inspector in case the hobli shekdar is left in the village to carry out his instructions. Special endeavour should be made to encourage and develop local initiative, by enlisting the co-operation of the Village Improvement Committees, and of voluntary workers possessing influence in the villages.

7. *Form of report and frequency of submission.*—The report alluded to in the preceding paragraph should be in the following form :—

Date	Attacks	Deaths	If imported wherefrom	Nature of action	Names of Village Improvement Committees or of voluntary workers engaged in the adoption of preventive measures or affording relief
1	2	3	4	5	6

The report should be submitted by the patel daily till after a week of the occurrence of the last case of the epidemic in the village.

8. *Stock of disinfectants and medicine.*—The Deputy Commissioner and President of the District Board should see that each Taluk Office is supplied with a sufficient quantity of disinfectants, and a sufficient number of medicine chests, the quantity and number of these articles being fixed in consultation with the Sanitary Commissioner and the Senior Surgeon respectively. Each medicine chest should contain, in the vernacular, a complete set of instruction for the use of the medicine and disinfectants. The Amildar or the Deputy Amildar will be responsible for maintaining sufficient stock of medicine and disinfectants in the taluk.

9. *Custody and issue of disinfectants and medicine.*—The stock of medicine and disinfectants should be kept in the Taluk Office but its issue will be regulated by the Local Medical Officer who, on receipt of first information of an outbreak of an epidemic, will advise the Amildar or the Deputy Amildar as to the quantity of medicine and disinfectants that may be issued for use in the affected area. If the Medical Officer himself proceeds to the village, he shall take with him both disinfectants and required medicines. In the case of villages with a population of over 1,000, the Amildar or the Deputy Amildar should arrange to leave with the patel, or the Chairman of the Village Panchayet as the case may be, a sufficient quantity of disinfectants and a couple of medicine chests with clear written instructions for use.

10. *Application for Medical assistance and extra sanitary staff.*—If the epidemic breaks out in more than one village at the same time and the services of the Sanitary Inspector and the Medical Subordinate are otherwise fully employed, the Amildar shall apply, without loss of time, to the District Medical Officer for medical assistance and to the Deputy Commissioner for additional sanitary staff. In the meantime, suitable arrangements should be made for the adoption of preventive measures, a temporary gang for disinfection and observation work being employed, if necessary. The Presidents of Taluk Boards should arrange to train a few men in the permanent conservancy staff in the technique of disinfection so that they may be deputed for preventive duty their places being taken by the temporary gang newly employed. Similar training should be given through the Sanitary Inspectors to a few local men in all important villages.

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11. *Organisation of preventive and Medical Staff.*—Should it appear to the Deputy Commissioner that any epidemic imminently threatens to spread into several villages at the same time, he should immediately organise a preventive and medical staff and place it at the disposal of the officer responsible for working these rules. The staff should be stationed in a central place in the affected area and will operate in the villages situated within a radius of five miles from such place. The apparatus, disinfectants and medicine chests required by the staff should be issued from the nearest Taluk Office, the stock being replenished whenever necessary from the same source.

12. *Personnel of the staff.*—The staff shall ordinarily consist of:—

(i) The reserve Sanitary Inspector for the district, or in case he is already posted for charge of a preventive staff constituted in some other part of the district, local Sanitary Inspector.

(ii) One mestri and a gang of temporary coolies not less than six in number, and

(iii) a Sub-Assistant Surgeon drawn from the special reserve in the Medical Department and trained in modern methods of cholera treatment.

Duties of the staff.—It will be duty of the members of the preventive staff to obtain early information as to the cases of the epidemic occurring in the Circle, to visit every house in which a case has occurred, to thoroughly disinfect the infected house, including the floors, the walls and the furniture, with a solution of phenyle or cyllin.

The Sub-Assistant Surgeon also shall reside in a central place and be available for attendance free of charge on the sick in their own houses. The Village Improvement Committees, if any, in the area should, as early as possible, be associated with the work of the staff both preventive and medical. They should be frequently consulted, as to the course of action consistently with these rules, and their suggestions for payment of compensation, construction of temporary isolation sheds, sinking of temporary wells, duly carried out.

13. *Powers of sanction of the Deputy Commissioner.*—Deputy Commissioners are empowered to sanction, within the limits of the budget provision—

(*a*) the employment of temporary gangs,
(*b*) the purchase of diet articles and country medicines,
(*c*) other contingent charges pertaining to relief measures and
(*d*) compensation for infected, bedding and clothing destroyed.

In case of the available grant in the budget being found inadequate by reason of an unusual severity of prevalence of the disease in the district, a special grant-in-aid may be applied for through the Sanitary Commissioner.

14. *Imprest for expenditure.*—The Amildar or the Deputy Amildar as the case may be should be provided with a permanent advance of Rs. 50 for expenditure under epidemic charges, the whole or a part of which may be given to the subordinate officer immediately responsible for working the rules, the advance being recouped from time to time by bills supported by vouchers.

15. *Final report of measures adopted.*—The Amildar or the Deputy Amildar should, fifteen days after the occurrence of the last attack in the area, submit a report on the epidemic and the action taken, to the Deputy Commissioner who will transmit the report to Government through the Sanitary Commissioner.

Section II.—Organisation, Equipment and Procedure in Urban Areas other than City Municipalities.

16. *Agency.*—The Chairmen of the Municipal Councils, assisted by the local Sanitary or Assistant Sanitary Inspector, shall be responsible for taking prompt and effective measures to prevent the spread of epidemic diseases in the Municipal areas.

17. *Information of out-break of epidemics.*—The Chairmen of the Municipal Councils should arrange to obtain the earliest possible information of cases of any epidemic occurring within the Municipal limits or within close proximity to the Municipality. Such arrangements include the formulation and the effective working of Bye-laws if necessary under the provisions contained in the Municipal Regulation for the compulsory notification of cases of illness due to epidemic diseases. It is also open to the Municipal Council to invest selected members of its regular staff with the duty of finding out and reporting the occurrence of epidemic diseases.

18. *Report to higher officers and adjoining taluks.*—On receipt of the first report of an epidemic the Chairmen should send immediate information to:—

(i) the Medical Officer in charge of the local dispensary, if there is one, or the nearest dispensary;
(ii) the President of the Taluk Board,
(iii) the District Sanitary Officer;

(iv) the District Medical Officer,
(v) the Amildars of the adjoining Taluks,
(vi) the Deputy Commissioner of the District,
(vii) the Sanitary Commissioner in Mysore.

19. *Committee to be appointed.*—In every Municipality, a Committee should be appointed, in consultation with the Deputy Commissioner of the District, consisting of two or more of the Municipal Councillors whose duty it will be to advise and assist the Chairman in all matters relating to the epidemic disease prevention in the Municipality. The Committee will have power to associate volunteers possessing influence in the local area in the arrangements made for preventing the epidemic or affording relief to the people.

20. *Organisation of preventive staff.*—In every Municipality, a few of the permanent hands, preferably among the existing Sanitary Conservancy Staff, should be trained in the special work of disinfection and observation. When an epidemic actually breaks out or when there is reason to apprehend its outbreak, the trained men should be withdrawn from their current duties and detailed for special work, their places being taken by temporary men. The Chairman is empowered to appoint a temporary staff consisting of one peon and not more than two totis for every thousand of population, to replace the permanent men withdrawn for special duty or to augment the preventive staff whenever necessary.

21. *Powers of sanction of Presidents.*—The Chairmen are empowered to incur, within the limits of the budget provision, and on the advice of the Special Committee expenditure, on—

(*a*) the employment of temporary gangs as detailed in the preceding paragraph.
(*b*) the purchase of diet articles and country medicines.
(*c*) other contingent charges pertaining to relief measures.
(*d*) compensation for infected bedding and clothing destroyed.

In case of the available grant in the budget being found inadequate by reason of unusual severity of the prevalence of the disease, the Municipal Council may apply to the Government for a special grant-in-aid through the Sanitary Commissioner.

22. Necessary provision should be made in the budget of the Municipal Councils for epidemic charges calculated on the basis of Rs. 1,000 for every 10,000 of population.

23. *Stock of disinfectants and medicines.*—The Chairman should have, in the Municipal Stores, a sufficient quantity of disinfectants and the necessary apparatus for carrying out disinfection, the nature and the quantity of the articles to be stocked being determined in consultation with the Sanitary Commissioner. He should also obtain a few medicine chests from the Senior Surgeon and stock them for use during emergencies by the local Medical Officer, or if there is none, pending the arrival of the Medical Officer from the nearest dispensary. Each medicine chest should contain, in the vernacular, a complete set of instructions for the use of medicines.

24. *Duties of preventive staff.*—It will be the duty of the members of the preventive staff to obtain early information as to the cases of the epidemic occurring in the Municipality, to visit every house in which cases have occurred, to thoroughly disinfect the infected house and generally to carry out all instructions issued by the Chairman on the advice of the Committee or the local Medical Officer.

25. *Permanent facilities and equipment.*—Arrangements should be made in every Municipality for the construction of sheds according to approved designs, the number of such sheds depending upon the population of the Municipality and the frequency of the prevalence of the epidemics. These sheds should be used as:—

(*a*) Health camp for the temporary occupation of the people required to vacate their own houses for disinfection purposes.
(*b*) Contact sheds.
(*c*) Isolation wards for the segregation and treatment of the sick.

Each of the three groups of sheds should of course be at some distance from one another, the isolation sheds being preferrably located as near as conveniently possible to the dispensary buildings. The isolation wards should be furnished with cots, bedding and clothing and other equipment.

26. *Trend of Policy in Municipal Councils in regard to epidemic prevention.*—With a view to minimise the ravages of plague and cholera, Government expect early action being taken in every Municipality for the formation and effective working of Bye-laws relating to,

(*a*) House construction.
(*b*) Enforcement of rat-proof conditions in existing dwellings.
(*c*) The formation of well planned town extensions and the prevention of the

contamination of the water-supply by fitting up pumps wherever feasible or other items that require continuous attention.

27. *Medical aid.*—It shall be the duty of the Medical Officer to arrange for the treatment of cases of epidemic diseases in Municipalities where there are no hospitals. In other cases, the local Medical Officer should render the necessary medical assistance. Should, however, the epidemic assume a serious aspect, the Chairman will apply to the District Medical Officer for extra medical aid and the latter officer should make the necessary arrangements after inspecting the locality, if necessary.

28. *Final report of measures adopted.*—The Chairman should submit, a fortnight after the epidemic has completely ceased, a detailed report of the outbreak of the epidemic and measures taken to combat it, to the Deputy Commissioner of the District and also to the Sanitary Commissioner.

The preventive staff may be continued for two weeks after the last case has occurred and then disbanded.

Section III—Special Rules for Cholera.

29. *Mode of spread of cholera and objects aimed at in preventive methods*—The infection of cholera is conveyed by the microbes that exist in the excreta of persons attacked by the disease. Cholera is usually spread by persons infecting the drinking water supply, frequently also by flies infecting food and occasionally through persons who although are apparently healthly, yet harbour the microbes in their intestines. The present rules aim primarily at providing for either the immediate destruction of these microbes or for minimising the chances of their being conveyed into substances in which they will be swallowed by other persons.

30. *Occasions when special vigilence is needed.*—It shall be the duty of the local authorities to keep themselves informed of the occurrence of the cholera cases in adjoining towns and villages and to lose no time in taking precautionary measures when an outbreak is apprehended or appears imminent. Special caution should be exercised when there is a movement of large number of people to places outside the local area for purposes of attending fairs and festivals or when pilgrims pass through the town or village on their way to or from places of pilgrimage, whether the latter places be or be not actually affected with cholera at the time.

31. *Precautionary measures when an outbreak of cholera is imminent or apprehended.*—The general precautionary measures to be adopted on such occasions are:—

(*a*) Prevention as far as possible of outsiders from having access to and fouling the water-supply.

(*b*) Sinking, and temporary use, of infiltration wells in case the water-supply in the town or village is obtained from tanks and streams.

32. As a general precaution, all wells in the local area should be permanganated thoroughly once during the hot weather every year whether there is cholera or not. If pottassium permanganate is not readily available, quick lime may be used with equally good results.

33. *Disinfection of sources of water-supply.*—Immediately on an outbreak of cholera all wells in the affected area should be treated with sufficient quantity of Potassium Permanganate so as to leave a pink colour for twenty-four hours. In the absence of Potassium Permanganate, a couple of baskets of quicklime should be used for each well. The same precaution should be taken in the case of wells in the adjoining villages, though they may be uninfected.

34. During epidemic times, watchmen, preferably policemen, wherever available, should be placed near step-wells, tanks, or streams, to prevent the contamination of water by bathing or washing of clothes. In the case of draw wells, it would be well to employ a high caste man to draw water and supply it for drinking purposes to all who resort to the well.

35. *Prevention of the multiplication of flies.*—Special attention should be paid to the frequent removal of night-soil and other refuse to a distance from the town or village. The rubbish should be either buried deep or covered with a layer of quicklime to prevent the breeding of flies.

36. *Facilities to be provided to people for personal prophylaxis.*—Every house from which a cholera case is reported should be promptly supplied with—

(*a*) a solution of phenyle with instructions that the people who attend on the patient should wash their hands with it each time they touch the patient or the excreta.

(*b*) one grain packets of Potassium Permanganate for internal use in solution, by the patient as well as contacts.

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37. *Segregation of patients and contacts.*—On the occurrence of a case of cholera, the people should be persuaded to send the patient to the isolation ward, if there is one and themselves remove to the Health Sheds. If facility for segregation is not in existence, it is desirable that the local authorities should arrange to put up temporary huts.

38. *Disinfection (a) of excreta.*—Great care should be taken to see that all choleraic vomit and excreta are at once collected, mixed with saw dust, paddy husk or other combustible matter, and burnt on or near the premises, if not burnt, the excreta buried deep far away from the sources of water-supply.

39. *(b) of effects.*—All infected material, if of no value, should be burnt, if valuable, they should be immersed in boiling water and then dried in direct sun-light. Compensation claimed on account of valuables destroyed should in all cases be paid.

40. *(c) of the infected house.*—After a case of cholera, the house and especially the room occupied by the patient should be thoroughly disinfected with Phynile solution. All drains which discharge into the open should be flushed with the same solution.

41. In cases in which the attack of cholera proves fatal, it shall be the duty of the local authority to see that the mode of disposal of the dead body does not constitute a source of infection, special arrangements being made to ensure that the dead bodies are properly buried and away from sources of water-supply.

42. The occurrence of cholera in any place should be made known to the people who should be warned to boil all the drinking water.

Section IV—Special Rules for Small-pox.

43. *Prompt vaccination of unprotected children.*—As soon as a case is notified in any area, the local authority should send an urgent requisition to the Sub-Assistant Surgeon or the Taluk Vaccinator, as the case may be, to vaccinate all the unprotected children in the area. The re-vaccination of persons who have not been vaccinated for five years previously should be encouraged as far as possible. It shall be the duty of the local authority to assist the Sub-Assistant Surgeon or the vaccinator in finding out all cases to be vaccinated.

44. *Concentration of vaccination staff wherever necessary.*—If the affected area is large such that one vaccinator cannot be expected to speedily vaccinate all the unprotected children, a report should be at once submitted to the higher authorities bringing to notice the need for employing additional vaccinators. The authority receiving the report should, if satisfied with the need for extra assistance, lose no time in posting one or more additional vaccinators withdrawing them from stations where their services are not in urgent demand.

45. *Other preventive measures.*—People should be advised to avoid going to the house infected with small-pox or freely mix with the contacts until the epidemic has completely subsided. All houses in which small-pox cases have occurred should be disinfected by the process of desiccation.

Section V—Special Rules for Plague.

46. *Prompt desiccation of infected houses.*—The infected rat-flea being the connecting link for the transmission of plague from rat to man, it is essential that prompt action should be taken, having for its object the destruction of the infected flea before it is able to convey the infection to other rats or to man. The rat-flea is easily killed by desiccation or the application of dry heat. As soon as a dead rat is observed in a house, such house along with the adjoining ones should be subjected to a process of thorough desiccation.

47. *Desiccation how carried out.*—Desiccation is simple to carry out and is done by spreading, uniformly in all parts of the house, paddy-straw, dry-leaves or other inflammable material setting fire to it. To ensure that the required degree of heat is generated, it is best that desiccation is always carried out by trained staff in towns. In the case of affected villages, an itinerant gang may be employed during seasons of plague to practically demonstrate the method to the villagers.

48. *Disinfection of grain.*—All grain infected with rat-fleas should be exposed to bright sun light for at least a couple of hours.

49. *Evacuation of infected houses.*—To facilitate desiccation, people in the houses proposed to be desiccated should be shifted with their belongings to the Health Camp if there is one or to temporary sheds specially put up for the occasion. After ten days, desiccation should be repeated in the same houses, when the people may be permitted to re-occupy the houses. Should they choose to remain in camp for some time longer, they should be required to remove to sheds of their own and make room for others that may need the special sheds.

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50. *Whole-sale evacuation of houses.*—If notwithstanding disinfection, a whole-sale evacuation of a town or a village is desired by the people, it should be actively proceeded with, the necessary facilities in the shape of supply of shed materials gratis or at cost price being provided. But a thorough desiccation of the houses should invariably precede evacuation.

Once a town or village is evacuated, people should be dissuaded from opening and visiting the houses for any reason whatsoever, unless it is for reoccupation, in which latter case, the house should once again be desiccated.

51. *Inoculation and medical relief.*—The earliest possible requisition should be made on the nearest Medical Officer for (*a*) inoculation and (*b*) a medical relief. Such Medical Officer will, as far as possible attend to these measures himself and, if assistance be needed, apply to the District Medical Officer. At the same time that a requisition is sent to the local Medical Officer, a copy thereof should, if the requisitioning officer be a patel, be submitted to the Amildar of the taluk.

52. Immediately the Medical Officer arrives, it shall be the duty of the local authority to co-operate with him in encouraging people to get themselves inoculated and patients to receive medical treatment.

53. *Rat destruction.*—In every town and village, attention should be directed to the destruction of rats in the off-plague season. A cheap and effective method of trapping rats will be described in the form of a pamphlet which will be issued by the Sanitary Commissioner.

Section VI.—Procedure in Emergencies when Epidemics other than Cholera, Small-pox or Plague occur.

54. *Procedure when other diseases of an epidemic nature occur.*—Whenever there is a marked rise in the mortality or sickness in any town or village and the cause thereof is at the time unknown, the local authority shall have power to take such measures in consultation with and on the advice of the local Sanitary Medical Officer and incur such expenditure as may be necessary to reduce the sickness and the mortality in the town or village. These measures include organisation of staff, medical relief and provision of nourishment to the sick. In all emergencies, the local authority shall take the initiative without delay, pending instructions from the higher authorities.

(Annexure to Rule 5.)

VILLAGE SANITATION RULES.

How to be Healthy.

Rules which every resident in a village should endeavour to follow.

1. *Personal cleanliness.*—Keep your person and your clothes clean by bathing and washing.

Try to persuade all members of your family, and all persons over whom you have influence, to likewise keep themselves and their clothes clean.

Bedding and other unwashable materials should be frequently exposed to the sun.

2. *Water.*—Procure your supply of drinking water from pure wells or springs wherever possible.

No tanks, ponds, wells or other sources of water-supply used for drinking should be allowed to be polluted.

No leaves or other decaying matter and no dirty vessels or clothes should be allowed to come into contact with such water.

Make separate arrangements for water-supply to cattle.

Food.—Eat wholesome and easily digestible and well boiled food.

3. *Clothing.*—The dress should always be sufficient for purposes of decency, if not of comfort. In the cold weather, provide yourself with warm clothing and, in the hot weather and during the rains, with a cover for the head to protect it from the sun and rain.

4. *Healthy houses.*—Houses should be built on a high and dry site free from damp, with a proper basement. They should not be near stagnant pools or pits or wet cultivation.

There should be a sufficient number of doors and windows to allow of free ventilation.

All articles in the house should be dusted and cleaned frequently and kept in their proper places. Every nook and corner of a house should be kept scrupulously clean.

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No moist substances should be allowed to rot near or in any part of the house.

5. *Cattle sheds.*—Cattle and other domestic animals should be kept in separate sheds which should be clean and dry and, as far as possible, detached from the dwelling rooms of houses.

Liquid refuse should be collected in a pit and used as manure. Manure should be deposited in pits and have earth or dry leaves spread over it once a week.

6. *Refuse, flies, etc.*—No dirt, ashes or other refuse should be allowed to collect in or near dwelling houses or thrown indiscriminately into streets and public places. They should be deposited in dust bins or other receptacles and removed at intervals.

Try to have your house and surroundings clean, in order to keep out mosquitoes, worms, insects and flies of every description.

7. *Latrines.*—Where latrines are not provided, people should go far away into the fields. No streets or public places and no places within 100 yards of a dwelling house should be allowed to be polluted. The practice of using wells or deep pits for latrines should be at once discontinued. A layer of fresh dry earth or ashes should be spread over the privy pit every time it is used.

8. *Sewage.*—No sewage should be allowed to accumulate or soak into the ground whether inside or outside the house. Where no public drains exist, the sewage should be collected in a bucket, jar or cess-pit of masonry, not more than two feet deep and removed at least once a week or as frequently as possible.

Special arrangements will be necessary to remove liquid refuse in our villages because most people are unaccustomed to handle sewage on account of caste scruples.

9. *Vacant sites.*—All lands should be kept free from damp and undergrowth within one furlong of a small village or within two furlongs of a large one.

All pits and hollows within the same limits and inside the village should be drained off or filled.

10. *Roads.*—Roads should be neatly formed with gravel or murrum or hard soil and be provided with proper side drains, constructed in stone or brick or other lasting material.

11. *Precautionary measures.*—Always sleep on a plank or bedstead, at some height above the ground and do not sleep in crowded and ill-ventilated rooms.

Never spit on the floor or on the walls of a house.

Take sufficient exercise and spend as much time as possible in the open air.

12. *Epidemic.*—Try to prevent small-pox by vaccination, plague by immediate evacuation as soon as rats begin to die, cholera by partaking only of warm food and boiled water and malaria by avoiding damp and mosquitoes. Cure malaria by quinine.